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Sonoma Medicine

INTERVIEW:
2020 SCMA President Rajesh Ranadive, MD

FEATURE ARTICLES:
HEALTH and the ENVIRONMENT

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Volume 70, Number 3 Fall/Winter 2019–2020

Sonoma Medicine

The magazine of the Sonoma County Medical Association and the Mendocino-Lake County Medical Society

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Contributors to This Issue

While many individuals contribute to the content, design, and production of an issue of *Sonoma Medicine,* none are more important than our highly qualified editorial contributors. While largely comprising physicians and other healthcare professionals from Sonoma and Lake counties, and other parts of the North Bay, they also include experts from the legal and financial-services sectors, insurance, real estate, community outreach, and medical-technology professions. *Sonoma Medicine* is grateful for their contributions.

Physician Retention Remains a Challenge in Mendo-Lake

Jay Joseph, MD, *is a radiation oncologist in Ukiah and serves as president of the Mendocino-Lake County Medical Society.*

Interview: SCMA President Rajesh Ranadive, MD

Rajesh Ranadive, MD, *is president-elect of SCMA and serves as medical director, Sonoma County, for St. Joseph Health Medical Group.*

Health Threats to Infants and Children from Everyday Household Chemicals

Michelle Mertz, MD, *is a family medicine physician with Kaiser Permanente, Santa Rosa.*

Protecting Sonoma County from Wildfire Smoke Effects

Julet Baltonado, DO, *and* **Rachel Friedman, MD,** *practice family medicine at Kaiser Permanente in Santa Rosa.*

Dr. Brien Seeley Leads Sustainable Aviation Movement

Brien Seeley, MD, *is a Santa Rosa-based ophthalmologist and serves on the* Sonoma Medicine *editorial board.*

Interview: Sonoma County Health Officer Celeste Philip, MD, MPH

Celeste Philip, MD, MPH, *was appointed the county's health officer in April 2019 and previously served as the state of Florida's surgeon general and secretary of health.*

Center for Climate Protection's Successful Public Policy Initiatives

Ann Hancock *is co-founder and executive director of the Center for Climate Protection.*

Climate Change, Public Health, and "Green" Medicine

Mary L. Williams, MD, *is a retired UCSF pediatric dermatologist who remains affiliated with the university.*

Public Policy, Awareness, and Collective Action Keys to Russian River Health

Andy Rodgers *serves as executive director of the Russian River Watershed Association.*

Cleaner Power: Lower Greenhouse Gas Emissions

Kate Kelly *is Sonoma Clean Power's director of public relations and marketing.*

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Maintaining Health in a Challenging Environment

Wendy Young *serves as executive director of SCMA/MLCMS.*

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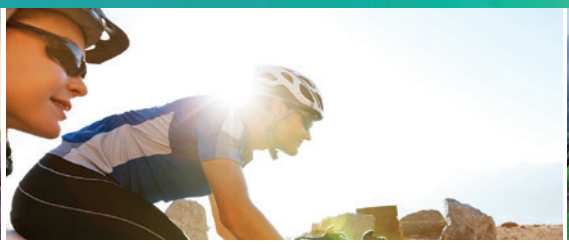

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Mission: To enhance the health of our patients and community; promote quality, ethical healthcare; and foster strong patient-physician relationships and the personal and professional well-being of physicians through leadership, partnership and advocacy.

MLCMS

Mendocino-Lake County Medical Society

Mission: To promote and develop the science and art of medicine and the care and well-being of patients; conserve and protect the health of the public; and promote the betterment of the medical profession.

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SCMA Membership

Active members 654
Residents 53
Retired 25

MLCMS Membership

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Retired 28

See page 31 for new members.

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Maintaining Health in a Challenging Environment

As the environment around us lingers in a constant state of flux, this issue of *Sonoma Medicine* takes a look at various environmental threats that affect our heath and highlights practical steps to mitigate them. Once again, the air quality of Sonoma, Lake and Mendocino counties has been compromised by fires. This time, it was the Kincade Fire. (See the article on wildfire smoke on page 17 for more details about this topic.)

On Oct. 26, a handful of SCMA and MLCMS physicians were in Anaheim, California, attending the 2019 CMA House of Delegates meeting when cell phones started chirping, beeping and vibrating around the room with OES and Nixle alerts advising us of the immediate need to evacuate homes in Sonoma County. Needless to say, our physicians were extremely worried about their homes and families. There was a sense of urgency for all to return home and help the community. Many of the same physicians serving as HOD delegates were involved in evacuations and running emergency shelters during the 2017 fires. Their experience and shared knowledge was vital to the success of another round of crisis management during the Kincade evacuations.

Dustin Corcoran, CEO of the California Medical Association, without missing a beat, went above and beyond by making it possible for our physicians to return home on the earliest possible flights to help their families, hospitals, medical groups and community. The HOD leadership made a one-time exception for the physicians who needed to leave, allowing them to vote on issues prior to departure. The CMA and HOD leadership demonstrated exceptional support and empathy, and are to be commended for "walking the talk" of providing exceptional service to medicine.

Wendy Young is the executive director of SCMA and MLCMS.

The MLCMS, SCMA and CMA rely on individual physician involvement. Through the HOD, we keep local community leaders and state legislators aware of how proposed legislation could enhance or threaten patients' health or physicians' ability to practice medicine. From sponsoring legislation to testifying in committee and meeting one-on-one with elected officials, CMA and local medical societies advocate continuously on behalf of physicians and patients.

Physicians are tasked with helping to direct the future of the medical profession through service as a HOD representative. SCMA currently has six openings and MLCMS has two openings for 2020. Advocacy talk is not for everyone, yet some people thrive on it. If you fall into the latter group, a seat on the HOD may be the perfect opportunity for you to make a difference. Time requirements: two in-person meetings and two online GoToMeeting sessions per year. You may be called upon to meet with a local representative or write letters in support of current issues. You may also bring to our attention, matters that can be voted on and presented to the HOD for consideration. If you see something, do something!

In 2019, SCMA representatives used our collective voices to support and initiate change in many areas, including SB 276 to prevent fraudulent school vaccine exemptions. Locally, efforts were led by SCMA member physician Dr. Brian Prystowsky; Governor Newsom signed the bill on Sept. 9. We also joined the battles against surprise billing, sugar-sweetened beverages and vaping, all of which will continue into 2020.

As you may have noticed, we are moving the annual Awards Gala out of the busy holiday month so that we don't compete with the rest of your social obligations. We have a delightful new gala/awards program and location for the dinner in January 2020. Please join us on Jan. 24, 2020, for a memorable evening at Santa Rosa Golf & Country Club. We look forward to welcoming the incoming SCMA president, honoring achievements in our medical community, and sharing some laughter as we celebrate National Belly Laugh Day with Los Angeles comedian Bobby Tessel. We hope you and a guest will attend!

As we head into 2020, SCMA anticipates reaching the highest membership numbers in our 160-year history. We look forward to seeing everyone in the new year and meeting the many new physicians who will be joining us. Please know that my door is always open to you, your suggestions and your feedback.

Please enjoy these enlightening articles written for *Sonoma Medicine* and shared by local physicians and contributing authors.

Happy Holidays!
Happy New Year 2020!

Yours in service, Wendy Young —
And the entire SCMA Team of delightful people!
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Physician Retention Remains a Challenge in Mendo-Lake

We here at the Mendocino-Lake County Medical Society have had a busy second half of 2019 so far, featuring educational forums on cannabis and other topics of interest.

A recent cannabis presentation, sponsored jointly by MLCMS and SCMA, was very informative as it focused on protecting against malpractice claims in light of the more widespread use of this drug since California legalized its recreational use in January 2018. Physicians and other health professionals need to remain mindful of the fact that despite the state's actions in this regard—marijuana was legalized for medicinal use in 1996, and then for recreational use last year—cannabis remains a Schedule 1 prohibited drug at the federal level. Because in general state law is subservient to federal law in the United States, the Justice Department in Washington, D.C., could take action to crack down in California at any time, even though thus far it has not indicated such a propensity.

The seminar proved most helpful as it gave an overview of the science involved with cannabis and also gave health professionals insight into how to discuss its use with patients without risking disciplinary action, or worse, the loss of their medical licensing and the ability to practice. Cannabis is front and center in our region, which is known as the "Emerald Triangle," due to the fact that Mendocino, Humboldt, and Trinity counties together form the largest marijuana-producing region in the United States. Marijuana cultivation here is unregulated for the most part, and for many local citizens it is a primary source of income.

Dr. Joseph is a radiation oncologist in Ukiah and serves as president of the Mendocino-Lake County Medical Society.

Personal Accountability and Burnout

A few years ago Providence/St. Joseph Health launched its "Own It" program, a personal-accountability initiative intended to "remind employees and providers why they were called to healthcare and emphasize their responsibility for maintaining a culture of care and compassion. Training includes scene-setting for improving patient and peer-to-peer interactions, communication strategies and mindset enhancement." A company spokesman said the Own It program is "based on five declarations and actions—greet, respect, engage, assist and transition—aimed at transforming the provider, employee and patient experience."

The issue of physician burnout is rivaled and even exceeded by the obstacle of physician retention.

While my affiliation is with St. Joseph Health, Adventist Health System (AHS) also has a strong presence in our region, with hospitals in Clearlake, Ukiah, and Willits. Adventist says it has placed high priority on physician burnout since 2004. According to the AMA's *EdHub,* "Over the past decade, AHS has pursued a program designed to support the personal and professional well-being of physicians. AHS promotes four major initiatives, including Physician Support Services, Finding Meaning in Medicine™, Schwartz Rounds™, and The Coalition for Physician Well-Being." While challenging to quantify with accuracy, they are convinced that these initiatives have contributed significantly to this goal and are being increasingly adopted by hospitals and physicians across the system.

In Mendo-Lake the issue of physician burnout is rivaled and even exceeded in importance by the obstacle of physician retention. Unlike Santa Rosa, Sacramento, and other well-populated areas in Northern California, Mendocino County has just 87,000 residents, and Lake County just 64,000. Many new physicians locate here on a two-year employment contract, only to find at its expiration that the prospects of making a family-supporting income in our beautiful region are severely limited by our relatively low patient-population pool. Given the national shortage of physicians that is only worsening, it is sadly a case of "easy pickings" for a provider network located elsewhere to lure one of our new doctors away on the promise of a steady, healthy income that will support a young family.

While no "silver-bullet" solutions are at hand for this long-term challenge, it is one we take very seriously. We will continue to actively engage those in the public-policy arena on options to mitigate this issue, including subsidized housing and home-loan forgiveness for new area physicians, as well as other avenues we can pursue to ensure that Mendo-Lake citizens receive the healthcare they deserve.

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Health Threats to Infants and Children from Everyday Household Chemicals

Michelle Mertz, MD

On a daily basis in the United States we receive mass- and social-media reports on a variety of threats to our children: sex trafficking, school shootings, food recalls, bullying, and more. While those reports cover risks that are real, the fact remains that the youngest and most vulnerable among us are at great risk of harm from seemingly benign items we encounter daily, and that we wrongly assume pose no risk. The furniture in our living rooms and bedrooms, cosmetics, body care products, and the products in our cupboards, refrigerators and freezers—these are a greater threat to our children. This threat must be addressed for our patients to maintain good health now and into the future.

Over the last few decades, there has been a rise in cancers and other disorders, including endocrine, breast, and prostate cancers; ADHD, autism, asthma, infertility, and other reproductive disorders. One-sixth of our children have developmental disabilities.[1] Anomalies in children's genitalia (particularly hypospadias in newborn males) have grown twofold in the last 40 years.[2] Sperm counts in males are down 50 percent in the last half-century.[3] The World Health Organization (WHO) for years has noted falling sperm counts worldwide.

Dr. Mertz is a family medicine physician with Kaiser Permanente, Santa Rosa. She is board certified in family medicine and integrative medicine.

There is growing evidence that suggests the source of these widespread maladies lies in our environment. We are placing an undue burden on our bodies. Our increasing exposure to environmental pollutants is a silent pandemic that demands dramatic action.

In 2005 the Environmental Working Group (EWG) produced a landmark study of infant cord blood at the time of birth. It detected 287 industrial chemicals in the blood of the group of randomly chosen newborns, including banned products, PFCs (used in fast food packaging and clothes, Teflon, and carpets); PFOA (a known carcinogen), carcinogens, flame retardants (found in cushioned furniture and electronics), and numerous toxic pesticides found in our food that are still in widespread use.[4] Of these 287 chemicals found in the newborn cord blood, we know that 180 cause cancer in humans or animals, 217 are toxic to the brain and nervous system, and 208 cause birth defects or abnormal development in animal tests. Undoubtedly, there were more chemicals actually present in the cord blood than were never identified, but unfortunately, no technology was available to identify them. At the same time a UCSF study of newborns found that pregnant women face widespread chemical exposure from a variety of sources, and 80 percent of the chemicals found in the mother were passed through the placenta to the fetal environment. They found that chemical concentrations were higher in the fetal environment than the maternal environment and concluded that chemicals are absorbed at greater levels by fetuses than by the pregnant women themselves.[5]

In 2013 the Environmental Protection

Agency documented that U.S. industries manufacture, process, or import approximately 84,000 chemicals.[6] Currently 2,000 new chemicals are introduced annually[5] with little to no research on their harmful effects; and of those that have been studied, at least 1,400 products containing chemicals known to cause birth defects are still in use every year.[7] Even today, in 2019, there are no laboratories properly equipped to do exhaustive testing on the majority of these products in the United States. As a result, it is likely that more deleterious health effects are unrevealed due to inadequate testing.

Concern over the use of chemicals is not a new phenomenon. Health professionals, public policy experts, and the general public have been discussing it for over half a century, ever since biologist Rachel Carson published her seminal 1962 work, *Silent Spring*, exposing the harmful effects of pesticides on bird populations.

In 1976 Congress passed the Toxic Substances Control Act (TSCA), giving the EPA the authority to keep our population safe by requiring testing, restrictions, and record-keeping on chemical substances introduced and in use. Incredibly, however, the legislation contained a fatal premise: it specifically excluded certain product categories, including food, drugs, cosmetics, and pesticides. It included the requirement that the government must approve a newly introduced product within a 90-day period, regardless of whether adequate testing had been conducted within that time span. Also, the chemical industry succeeded in ensuring that there was no new testing performed on the tens of thousands of chemicals that were already in use. Therefore, the TSCA deemed 63,000 existing chemicals "safe as used" on the day the law was passed. This act was recently updated, but still has major problems. Additionally, the disappointing reality is that other regulatory agencies that may be inclined to ban a chemical can only act to remove it after it has proven to be unsafe. Unfortunately, most have never been studied.

The lesson here is that our general assumption that "if a product is on the shelf, it must be safe" is undeniably, categorically false. The chemical industry is one of the most powerful lobbies in Washington, D.C., and the FDA is backed by pro-industry, pro-corporation advocates with conflicts of interest regarding the protection of public health. We cannot and must not depend on government entities such as the FDA and the EPA to ensure that the health of the general public is protected. In fact, the EPA under the Trump administration recently defunded the Children's Environmental Health Research Centers Program. These centers across the country examine how chemicals all around us affect the health of pregnant women and children. The current administration has crippled children's health research.[5]

The first thousand days of life, from conception to a child's second birthday, form the most critical stage in the health of a human being.[8] Expanding evidence shows that the foundation of a person's lifelong health—including predisposition to obesity and certain chronic diseases—is largely set during this thousand-day window. This time period literally builds the foundation of health for the remainder of life. Thus, exposure to harmful substances during this key period is profoundly serious as it is literally an existential threat.

We often think of events such as miscarriage as random. But perhaps they are not so random. Fetal exposure to harmful chemicals can result in such maladies as miscarriage, low birth weight, birth defects, and childhood deficits. We also understand that exposure during other times of development contribute to other specific health concerns. Exposure in infancy and childhood can result in neurobehavioral problems and asthma, while exposure slightly later can result in precocious puberty or even early cancers.[9,10] An unborn child can be vulnerable to these exposures even as the mother receives the same level of exposure with

WAYS TO AVOID PLASTIC

- Even biodegradable "healthy" plastics leach chemicals.
- Use foil or cloth instead of plastic wrap.
- Use mason jars and glass storage containers for food.
- Use glass, ceramic, or stainless steel water bottles and coffee mugs.
- Use glass baby bottles/breast milk storage containers. Mason jars make great containers to store frozen breast milk.
- Use silicon, bamboo, stainless steel and wood for children's cutlery, dishes, etc.
- Prepare food with silicon, wood, and stainless steel kitchen utensils.
- AVOID CANNED FOOD. Choose fresh or frozen instead.
- Buy beans, etc., in bulk, cook at home and store in glass.
- Avoid plastic teething toys.
- Do not microwave, heat, or freeze in plastic.

WAYS TO REDUCE PHTHALATE EXPOSURE

- Avoid products with the ingredient "fragrance" or "perfume."
- Use simple, natural body care products, including shampoo, toothpaste, lotion, soap, sunscreen, antiperspirant and makeup.
- Avoid synthetic fragrances in artificial fresheners, dryer sheets, and fabric softeners.
- Coconut oil makes a great baby lotion and avoids chemicals often found in baby products.
- Implement fragrance-free policies at work.

no associated risk. Additionally, many maternal exposures persist in a mother's body tissue and expose a fetus long after the exposure is over, as toxins are often stored in adipose tissue, including the breast. And toxic effects can be multigenerational. A fetus can be affected by chemical exposure experienced by his or her grandmother when she was pregnant with the fetus's mother, with the harmful effects of the original contact passed on through generations by changes in the already-developed ovum.

Researchers are learning so much more about the concept of a fetal basis of adult disease. In other words, we've discovered a linkage between environmental exposure of toxic agents in utero and an increased risk of disease later in life. A great example is the drug DES, which was prescribed to millions of women for over 30 years to prevent miscarriage. We found that fetuses exposed in utero are more likely to have certain cancers that don't reveal themselves until adulthood. Another example is the strong correlation between a pregnant mom who is malnourished and her baby of low birth weight who has a subsequent risk of metabolic disease as an adult.

Babies and children are uniquely vulnerable to toxins because children breathe more air, drink more water, and eat more food per kilogram of body weight than do adults, causing greater exposure per kilogram of body weight to contaminants. More of a given chemical is likely to reach target organs because of lower levels of chemical binding proteins, and an immature porous blood brain barrier that allows more entry into the developing brain. Also, infants and young children are much more prone to place fingers and hands in the mouth, and poor hand-washing only complicates the cumulative effects of chemical exposure.

Toxins enter the blood stream through inhalation, ingestion and skin absorption. Unbeknownst to a mother, toxins to which she has been exposed can be conveyed to an infant in breast milk. Lactation mobilizes previously sequestered fat-soluble toxins into breast milk. Thus, the milk contains current and historical maternal exposures.[11] This is a major exposure for breastfeeding infants, and children absorb more of a given substance through the GI tract than do adults because of differences in absorption.[11] Pesticides on food are also ingested, as the average child drinks significantly more juice and eats more fruit than the average adult. Many are heavily sprayed with pesticides when not grown organically. The exposure risk from food-borne pesticides is higher for children who consume more of these foods per kilogram of body weight.[12]

The skin is also an important mode of toxic exposure, as a baby's skin more readily absorbs chemicals because the thick keratin layer that protects adult skin is not fully formed until at least age 2. Moreover, the ratio of the newborn's skin surface area to body weight is approximately three times greater than that of an adult. Therefore, covering a similar percentage of a newborn's body with a lotion or powder containing toxic chemicals will lead to a larger dose per unit of body weight compared to that of an adult.[9, 13] Unfortunately, products like children's pajamas, car seats, changing pads, and mattresses are loaded with chemicals like flame retardants, where the greatest concern is developmental neurotoxicity and endocrine dysfunction. These chemicals end up being absorbed through the skin of babies and young children.

And finally, inhalation is a major route of exposure, as infants and children absorb more contaminants per unit weight through their lungs because of their higher respiratory rate and breathing zones closer to the floor where many chemicals accumulate. Therefore, they ultimately experience a higher inhaled dose of a chemical than do adults.

Not all chemicals enter the environment leaking from hazardous waste dumps or blowing into the air from an incinerator smokestack. Substantially more chemicals are shipped from factories into our homes in consumer products (plastics, furniture, personal care products) than are dumped into the environment.[14] Children today grow up surrounded by chemicals that didn't exist 100 years ago—from our food storage containers, to our school yards and soccer fields soaked with toxic weed killers, to our canned foods, jar lids, makeup, shampoos and lotions. Many of these chemicals are now found in every mother and child, having escaped from these consumer products to our household air and inhaled, leached off of products into our hands and mouths, and ultimately absorbed into our bodies.

Many of these products contain potent endocrine disruptors, which interfere with our natural hormones by binding to their receptors and mimicking them. They have been shown to have effects on both male and female reproduction, breast development and breast cancer, prostate cancer, neuroendocrinology, the thyroid, metabolism and obesity.[15] Consider the pandemic of endocrine cancers today, for example, breast, prostate, and thyroid, and the metabolic disease seen ubiquitously in our population. We're finding relatively clear explanations in the effects of these endocrine disrupting chemicals. At the genetic level, many of these chemicals

work through epigenetics, in which the genes are turned "on" and "off" without changing the DNA sequence. In other words, while our genome is fixed, they exert their effects by changing gene expression (DNA methylation, RNA silencing).

Phthalates and BPA are two well-studied groups of chemicals that act as endocrine disruptors. Bisphenol A, also known as BPA, is a synthetic compound used to make lightweight, clear, heat-resistant and unbreakable plastic. It is one of the most commonly used chemicals with one of the highest production volumes in the world. It is found in reusable food and water containers, plastic tableware, food cans and jar lids, and cashier receipts, among others. We are exposed through hand-to-mouth activity and eating or drinking food and liquids stored in containers containing BPA. The amount of BPA that leaches significantly increases when the container is heated, or used to store acidic or basic foods or beverages, or reused. BPA can be detected in human blood, adipose tissue, breast milk, placenta, and maternal and fetal plasma.

BPA binds to estrogen receptors, thus acting as an androgen-receptor antagonist. It also binds to thyroid hormone receptors. The estrogenic properties of BPA have been confirmed since the 1930s, when it was investigated as a medication for pregnant women to prevent miscarriage and preterm birth. DES was found to be more potent and the use of BPA was abandoned for DES. However, their chemical structures are very similar and much of what we know of the estrogenic properties of DES has proven relevant for BPA. In 2008 the FDA documented that BPA "affects the brain, behavior, and prostate gland in fetuses, infants, and young children." High urine BPA levels have consistently shown to be associated with problems with sperm[16] and multiple pathways have been shown by which BPA promotes breast cancer.[17] Chemical manufacturers have responded to the "BPA-free" campaign by substituting similar chemicals into plastics and food cans that pose similar hormonal concerns or are untested for toxicity.[17]

Phthalates act as binding agents. They make plastics flexible. They also hold fragrances in body care products and household cleaners. They are ubiquitous in children's toys, shampoos, lotions, hair sprays, perfumes, soaps, nail polish, shower curtains, medical tubing, IV bags, coatings on time-released medications, and vinyl flooring. Over time, phthalates leach out of these products. As phthalates are absorbed through the skin, fetuses are exposed in utero, and babies by mouthing toys. Phthalates can be measured in blood, urine, breast milk, and meconium. In 2014, using data from human studies, the CDC linked exposure to phthalates to male reproductive malformations, sperm damage, fertility impairment, female reproductive tract diseases, early puberty in girls, asthma, and thyroid disruption.[18] A review of 13 studies has concluded that prenatal exposure to phthalates (measured in maternal urinary concentrations) is associated with poorer cognitive and behavioral outcomes in children 0–12 years of age. These outcomes included lower IQ, problems with attention and hyperactivity, and poorer social communication.[19, 20]

CHOOSE SAFER CLEANING AGENTS AND HOME IMPROVEMENTS

- Clean your home with non-toxic products. The cheapest, safest, and easiest cleaning solution for any room of your house, including the floor, is 1/3 vinegar + 1/3 lemon juice + 1/3 water. Baking soda also works great.
- Don't wear shoes in the house (they carry pesticides into your home from the outside world).
- Look for Greenguard Gold Certified or Oeko-Tex Standard products for home improvement and DON'T UNDERGO WHILE PREGNANT.
- Many carpets, window treatments, and soft furniture contain dangerous flame retardants that wind up being inhaled from household dust.
- Many paints, glues, and flooring materials off-gas chemicals long after you complete the project.
- Area rugs are much safer than wall-to-wall carpeting.
- Try to avoid vinyl.
- Buy used wood products. Paints and stains off-gas less over time. Older is better.
- Unfinished furniture will have less off-gassing (you can always finish yourself with no-VOC paint or natural oil).
- Vacuum instead of sweeping. This removes toxic chemicals in dust.

REDUCE YOUR EXPOSURE TO TOXIC CHEMICALS IN FOOD

- Eat vegetarian: flame retardants and other chemicals accumulate in the food chain. Vegetarians have markedly lower exposure.
- Buy organic, free-range meats if you can, to reduce exposure to pesticides and growth hormones.
- Steer clear of processed, pre-packaged foods.
- Avoid canned foods.
- Check out ewg.org for each year's list of DIRTY DOZEN and CLEAN 15 produce.

The increased trends we are seeing in these diseases parallel the development of the widespread use of phthalates over the last few decades.

Where can we turn for safe household products that won't pose a threat to children and adults alike? An excellent source is the Environmental Working Group's (EWG) website, ewg.org. EWG rates thousands of products annually for safety. The EWG is educating and empowering consumers to make safer and more informed decisions about the products they buy and the companies they support.

We don't need to be experts in environmental health to provide useful information to our patients. We can use wellness visits to encourage the use of non-processed fresh food, safe cleaning products in the home, and safe-home improvements. We can also advocate for safe workplaces. Legal exposure limits for most workplace chemicals are not designed to protect against harm to a pregnant woman or a developing fetus. This includes hospital workers exposed to soaps, harsh disinfectants, medical tubing, and IV bags. The UCSF Program on Reproductive Health and the Environment is a national leader in working to create a healthier environment for pregnant women. The program pages on the UCSF website contain powerful information for both patients and providers in the form of videos and patient handouts.

I urge you to get involved. We need to work together. We as providers are in a position to make change. Locally we can collaborate to ban the mass spraying of pesticides on our grapes, which contaminates nearby organic farms. We can say "no" to spraying toxic weed killers on our playgrounds. We can make our workplaces fragrance-free and encourage the buying of safe soaps and cleaning products. Nationally, we need to get involved through advocacy. Several medical associations are speaking up and have position statements against these chemicals.

Each of us has an obligation to both our children and to future generations to consider "eco-friendly or organic" options if possible, as these products are produced without harmful chemicals. Avoid plastic in all forms. Purchase natural body-care products without synthetic fragrances. Our consumer practices will place pressure on companies to abandon dangerous chemical ingredients and improve their manufacturing practices.

A new chemical is introduced in the United States every day of the year, and the testing for the vast majority of these chemicals is inadequate. Harmful chemicals are an ever-present threat. They pose a risk to the entire globe—the human race as a species. Once produced, they never leave the environment. We must take on the mantle of social responsibility to ensure the safety of our children and families, ourselves, our neighbors and friends, and indeed, the entire planet.

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Protecting Sonoma County from Wildfire Smoke Effects

Julet Baltonado, DO, and Rachel Friedman, MD

Many of us remember the devastating 2017 wildfires in Sonoma County. Not only did the wildfires cause a loss of lives and major property damage; they also released dangerously high levels of particulate matter into the air for several weeks. In 2018, the deadly Camp Fire in Butte County led to a two-week period when the Air Quality Index (AQI) and fine particulate matter levels (PM2.5) ranged from 101 (unhealthy for sensitive groups) to 247 (very unhealthy) throughout the Bay Area. This led to the closure of schools throughout Sonoma County and the greater Bay Area.[1]

Wildfire smoke contains thousands of individual compounds that adversely affect our health from subsequent exposures. Most wildfire smoke compounds fall into the range of fine particles with diameters less than 2.5 micrometers (PM2.5). The main effects of wildfire smoke and fine particulate matter exposure are respiratory distress (including shortness of breath, asthma and COPD exacerbations, pneumonia, and acute bronchitis) as well as adverse cardiovascular outcomes (including mortality from cardiovascular disease).[2]

Drs. Baltonado and Friedman practice family medicine at Kaiser Permanente in Santa Rosa.

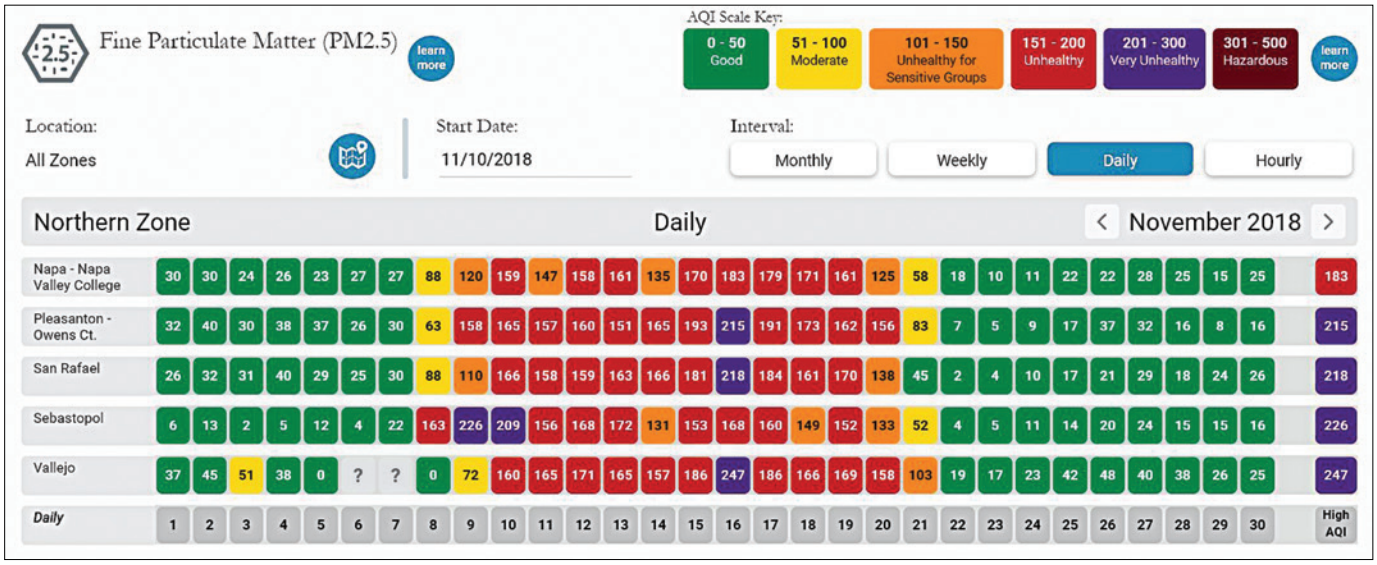
A cough and scratchy throat, irritated sinuses, shortness of breath, chest pain, headaches, stinging eyes, and a runny nose are only a few symptoms caused by wildfire smoke.[3] Not all populations are affected equally. Children, the elderly, people with asthma, COPD and other chronic lung disease, and pregnant people are some of the most vulnerable populations.[2] People with pre-existing pulmonary conditions, for example, may experience an exacerbation of their symptoms, but when smoke levels are high enough, even those without pre-existing conditions can experience these symptoms.[3] We surmise that during wildfire season we will continue to see increased medication use as well as increased clinic, urgent care, and emergency room visits for respiratory or cardiac-related symptoms.

With the progression of climate change and the increased frequency and intensity of wildfires in California, periods of unhealthy air quality from wildfires are likely to become our new normal. In fact, seven of the 10 most destructive wildfires in California occurred within the past five years.[4] Given this, there are several evidence-based recommendations that can protect our families and our patients from the negative effects of wildfire smoke.

The Centers for Disease Control and Prevention (CDC) published a comprehensive report on public health interventions related to climate change in 2017.[3] This included a review of various interventions aimed at preventing negative health outcomes associated with wildfire smoke. They found that the most effective action we can take to protect ourselves from wildfire smoke exposure, apart from leaving the area, is the use of air filtration and cleaning units in rooms, homes, and health facilities. There was also evidence that supported the effectiveness of personal respirator masks (such as N-95 masks) and public service announcements as public health interventions.

HEPA filters. The use of high-efficiency particulate air (HEPA) filters lowers indoor concentrations of pollutants and fine particulate matter emitted during wildfires. Wildfires emit fine particulate matter (PM2.5) and gases such as carbon monoxide, volatile organic compounds, and nitrogen oxides.[5] HEPA filter removes 99.97 percent of the particles sized 0.3 microns but not gases and vapors. One study [6] looked at health effects of distributing portable HEPA cleaners during a wildfire and found that increased use of the HEPA cleaners during a wildfire was associated with decreased reporting of respiratory symptoms (OR = 0.54) in a dose-response manner. Two other studies [7-8] looked at the use of portable HEPA filters in homes affected by residential wood burning and smoke. Both found that there was a lower average infiltration of PM2.5 in the homes when the filter was in place. HEPA filtering was also associated with cardiovascular health benefits.

N-95 masks. Personal respirator masks (such as the N-95 mask) are also designed to filter 95 percent of particulate matter 0.3 microns and larger. The average size of wildfire smoke particulate is 0.3 microns. With proper fit and use, N-95 respirator masks can reduce smoke exposure tenfold. They may be particularly valuable for people with susceptibility to adverse effects of smoke who cannot avoid exposure (e.g., getting to and from



Air Quality Index Levels in the Northern Bay Area for November 2018. *Each cell shows the AQI value for that day, based on the 24-hour average concentration of PM2.5. The far-right column shows the highest daily AQI value for the month. Source: Bay Area Air Quality Management District.*

work; people who work outside). However, there are several limitations to using N-95 masks as the main source of protection. To be effective, these masks need to be individually fit tested and checked. N-95 masks do not fit people with certain face shapes or facial hair, nor do they come in sizes that fit young children. The overall evidence for respirator masks is still limited, and their effectiveness to protect the general public during wildfire smoke events has yet to be fully evaluated.[3]

Public service announcements. One of the simplest things we can do to protect ourselves from the effects of active smoke exposure is to stay indoors and reduce physical activity. We suggest healthcare organizations help their employees and patients take an active role by communicating via Public Service Announcements (PSAs). Studies that examined the effectiveness of PSAs found that the general public recalled simple and non-technical advisories more easily.[6,9-11] One study even found that the number of PSAs recalled was protective in a dose-response manner.[6] Respondents of this study reported decreased respiratory symptoms if they heard a PSA (OR=0.25). As healthcare providers, we can communicate these messages effectively to our patients and the public by keeping the messages simple and by repeating the message several times, in different ways, and to different audiences.

As the frequency and intensity of wildfires continue to increase in California, we need to ensure that we provide consistent and current evidence-based information to our patients and the community to help reduce the negative health effects of wildfire smoke exposure. This is especially important for our most vulnerable groups in Sonoma County. Our patients, friends, and families rely on us as healthcare professionals both during or after they experience unhealthy effects from smoke exposure. However, we can take an intentional and proactive approach that will benefit everyone involved. From education about evacuating the area when appropriate, and using HEPA filters or personal respirator masks such as the N-95, to communicating simple but strong messages to the public, there are several ways we can take action. We strongly urge every medical facility and health organization in Sonoma County to consider implementing these preventive measures before the next major wildfire event.

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Center for Climate Protection's Successful Public Policy Initiatives

Ann Hancock

Mike Sandler and I were sustainability advocates when we founded the Center for Climate Protection (CCP) in 2001, a time when climate change was barely present in the public's awareness. We realized that by focusing on climate, we would go farther, faster to create a sustainable future. We chose the international Cities for Climate Protection network as the best vehicle to "think globally, act locally." Our goal was 100 percent participation in the program among Sonoma County's various local governments, and we achieved this goal in 2002, setting a national precedent.

Following the Cities for Climate Protection program, the cities, the county and CCP took the first step and determined the tons of emissions that Sonoma County produced. For the second step, this group set a target for reducing these emissions: 25 percent below 1990 levels by 2015. Then they made a plan to reduce these emissions.

Ann Hancock is co-founder and executive director of the Center for Climate Protection.

In collaboration with governments, business, and the broader community, CCP issued the Community Climate Action Plan in 2008. It consisted of a package of about 40 measures that, when implemented, would achieve the 25 percent reduction target. The measures in the plan met a set of four criteria: local control, significant greenhouse gas reductions, cost effectiveness, and political feasibility.

Nascent in 2008, two of the most powerful of the 40 measures in the plan have proven to be winners.

Community Choice Energy. Sonoma's version of this solution is called Sonoma Clean Power, an agency that began serving business and residential customers in 2014. Because of Sonoma Clean Power, emissions dropped so significantly that by 2016, the county's overall emissions were lower than they were in 1990, despite increases in population and economic activity. This successful solution is spreading throughout California with help from CCP. Today the state's 19 Community Choice agencies serve 10 million Californians—one out of every four residents—and are reducing nearly one million tons of greenhouse gas emissions per year.

Property-Assessed Clean Energy (PACE). This program, begun in California and now nationwide, has financed more than $6 billion of energy and water efficiency, renewable energy, and hazard mitigation improvements in commercial and residential properties nationwide. Ygrene, a Sonoma County-based PACE provider, alone has reduced 1.15 million tons of California's greenhouse gas emissions.

The Center for Climate Protection has a nearly 20-year history of educating and mobilizing support from business, government, and the broader community to ensure that the solutions we identify receive the support needed for implementation. Our slogan is *"Where there's a way, there's a will."*

The common thread running through the two solutions outlined above is policy—the lynchpin for powerful climate action. In addition to our direct experience, the center has conducted extensive research over many years to determine the most effective strategy for achieving speed-and-scale greenhouse gas emission reductions. The evidence we gathered confirmed that it is policy that drives, and will continue to drive, significant greenhouse gas emission reductions. Policy determines the rules of the game. Brilliant climate policy makes it easier for everyone to make climate-friendly choices. The remarkable drop in solar-generated electricity to the point that it is increasingly less expensive than fossil fuel-generated electricity proves the point. Policy provided solar the initial boost it needed to gain sufficient momentum to overtake fossil fuels in the energy market.

As a result of our direct experience and the evidence we gathered through research, the strategy CCP adopted this year is to build an exponentially-growing coalition of advocates who drive policy change.

Let us turn our attention to the question that often stops people from engaging in climate action: "Is it too late?" In early 2019 CCP organized an event attended by 300 people at which climate scientist and CCP board member Carl Mears addressed this question. He made the case that it is not too late, at all. But the longer we delay, the smaller the likelihood becomes. The need for action is urgent. A second question we encounter frequently is: "What can I do?" International climate leader Bill McKibben says that this is the wrong question. The right question is: "What can **we** do?" Only by collective action will we produce the necessary large and fast emission reductions.

As described above, advocates need to focus on enacting policy change. Fortunately, we do not need everyone to achieve the necessary changes. According to evidence, we only need only 3.5 percent of the population on board to achieve our goals. This is still a lot!

Following CCP's success with Community Choice, we are shifting our focus to advocating for policy changes at the state level. Our reasoning is that California, with the world's fifth largest economy and a population of 40 million, is a quasi-nation; the actions of this state ripple around the world. Broad public support for climate action and the proper elected leadership at the state have produced a track record of pathfinding policy. But the state needs to go farther and faster—by a lot.

California needs to rid itself of the oil that now drenches our economy. The state is home to 72,000 oil wells that last year produced 165 million barrels of oil from onshore and offshore facilities. Californians consumed 366 million barrels of oil in 2017. This matters because when we use fossil fuels like coal, oil, gasoline, and natural gas, it combusts, releasing greenhouse gas into the atmosphere. These emissions add to the blanket that surrounds the earth and traps in heat. This added heat is what is causing the extreme weather now accelerating around the world.

The oil industry is insinuated throughout the state legislature, protecting and promoting the continued use of fossil fuels. According to the California Secretary of State, oil and gas industry interests spent $18.3 million lobbying state legislators in 2018. To overcome such powerful forces, advocates must be smarter and stronger, despite being significantly outspent. We are "David" to oil's "Goliath," fighting for the future of ourselves, our children, and all life.

I end this article with what I hope is some encouragement and an invitation. Despair about the climate crisis is understandable—but completely counterproductive. Here are some words I remember to help fortify me: *Pessimism of the intellect, optimism of the will. Be joyful, though you have considered all the facts. Hope is not an emotion; it's a choice.*

My invitation for you is to join us and be part of the 3.5 percent.

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Climate Change, Public Health, and "Green" Medicine

Mary L. Williams, MD

Climate change, global warming, and greenhouse gas emissions do not threaten only our way of life on this planet. They also have very specific and negative consequences in the area of public health. Here we will outline some of those consequences—with an emphasis on their effects on our skin—and then address ways in which physicians can raise awareness and also reduce the considerable environmental footprint of the medical industry itself. Our skin has developed an admirable array of defenses over time through the process of evolution. But none of those defenses are perfect. We will look briefly at how climate change is challenging skin's defenses against infectious diseases, skin cancers, and heat stress.

Insects and Infectious Diseases

Evidence abounds that our warming climate is changing the landscape of infectious diseases, which are growing at an alarming rate due in part to expanding habitats for disease-carrying vectors, including fleas, mosquitos, sand flies, and ticks. Insect populations are both expanding and exploding, as are cases of Lyme disease and West Nile Virus. The lone star tick is also expanding its range: no longer confined to the Southeast, it now is found in large numbers as far north as Maine and as far west as Texas and Oklahoma. Although it does not carry Lyme disease, it can cause a rash resembling erythema chronicum migrans, can be a vector for Erhlichosis, and, uncommonly, can induce a severe form of allergy to mammalian meats. According to the Centers for Disease Control (CDC) these vectors of disease have increased in distribution, range, and abundance over the last 20 to 30 years, largely due to warming temperatures.

Dr. Williams is a retired UCSF pediatric dermatologist who remains affiliated with the university.

Our community will find much greater satisfaction on the job by making climate health a top priority, because everything else we do is ultimately subordinate to that objective.

The Aedes genus of mosquitos, formerly found exclusively in the tropics, is now endemic in the Southeastern United States and migrating northward to New England. Cases of dengue fever—one of the severe viral illnesses carried by this genus—have been acquired in Hawaii, Texas, Florida, and beyond. Other viruses of concern that it transmits are Zika, Chickungunya, and Yellow Fever. Where the mosquito resides, the viruses it hosts can be expected to follow. Our warming climate is similarly leading to a resurgence of sand flies in Southern California and Texas, migrating up from Mexico. These sand flies can carry the mucocutaneous form of Leishmaniasis that produces disfiguring ulcerations, and for which highly effective and nontoxic treatments are lacking. In Texas, presently, endemic cases of Leishmaniasis are more common than those acquired outside the U.S.

Warming Oceans and Flooding

Our warming climate is leading to rising tides and increased hurricane activity. The resultant flooding brings with it *Vibrio vulnificus,* a naturally occurring and extremely virulent bacterium of the warm, brackish water in coastal areas, estuaries, and flood zones. *V vulnificus* can lead to gastroenteritis, blistering dermatitis, and can be life-threatening to those with compromised immune systems. Our warming oceans are also leading to an increasing presence of jellyfish and their associated stings, called envenomations. One type of jellyfish found in the waters off of Australia has venom that can cause neuromuscular and respiratory paralysis. There are approximately 150 million jellyfish stings annually, and while most are not fatal, they are typically very painful.

Sun Exposure, Skin Cancers, and Pollution

The current skin cancer epidemic has been largely caused by changes in human behavior leading to greater exposure of the skin to ultraviolet light. As the world's climate warms, it is anticipated that time spent out of doors, exposing skin to sunlight, will increase, particularly among children. This alone is likely to augment the skin cancer epidemic of the future. But in addition, in decades past, flouro-hydrocarbon pollution generated "holes" in the stratospheric ozone layer

that have permitted the increased penetration of harmful ultraviolet B (UVB) radiation into the atmosphere, further fueling this epidemic. And, according to experts, these holes in the ozone won't close for at least three decades, thus continuing to augment the toxicity of sunlight.

This stratospheric ozone is the "good" ozone. But the other one, the "bad" or tropospheric (or ground level) ozone may also contribute to the skin cancer epidemic. Better known as smog, this form of ozone is generated through the action of heat and sunlight on pollutants generated from the combustion of fossil fuel. Increased ozone pollution is a direct consequence of a warmer climate. This is of concern, because ozone is particularly noxious to skin and lungs, due to its potent pro-oxidant activity. In addition to its known contributions to asthma flares, there are theoretical reasons to anticipate carcinogenic effects on skin. Indeed increased air pollution, in general, can be considered a "fellow traveler" of climate change, since both are produced by the burning of carbon fuels. This is not news to residents of Sonoma County, who are now all too aware of the association between climate change and air pollution, as our seasonal wildfires consume forests and homes and poison the air. Indeed, we are just now learning how skin is vulnerable to a variety of pollutants, yielding more cases of eczema, acne flares, and other disorders.

Heat-Related Morbidity and Mortality

Another direct effect of our warming climate is increased numbers of heat-related illnesses and deaths. Indeed, heat-related mortality is the most common cause of death during extreme weather events in the U.S. Even with a shift in mean temperature of only a few degrees, the number of extremely warm days increases disproportionately. It behooves all physicians to understand not only the signs and symptoms of heat stress, but also to understand the physiology of heat dissipation. Humans evolved a unique adaptation to manage excess body heat: the widespread distribution of eccrine sweat glands, the glands that produce a watery, salty sweat across the skin's surface. Confined to palms and soles in our ancestors, these glands in humans densely populate the entire skin surface. Evaporation of their secretions pulls heat from our bodies, protecting our "sensitive" brains from overheating. But not everybody sweats equally. The elderly and the very young have higher internal temperature set points before sweating is initiated. Indeed, in children, this does not mature until after their teens. Hence, student athletes are at particular risk for heat-related illnesses during heat waves. Chronic medical conditions, liked diabetes and renal failure, can also affect eccrine function. Moreover, many medications, particularly those with anticholinergic effects, can impair the sweat response.

"Green" Medicine

It is important for our medical community to recognize we have both an appropriate role and a powerful voice in increasing public awareness of the myriad health threats posed by climate change. But in addition, we who populate the House of Medicine must "clean our own house." Medical care in the U.S. itself generates approximately 10 percent of the carbon released into our atmosphere annually. If our

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medical industry were a country, it would be the 13th most polluting nation in the world! These concerns can and must be addressed in order for us to speak in an authoritative, unified voice.

How to effect change in our own backyard by making the practice of medicine more "green"? Several excellent resources exist, including **Health Care Without Harm** (noharm.org) whose mission is "to transform healthcare worldwide so that it reduces its environmental footprint, becomes a community anchor for sustainability and a leader in the global movement for environmental health and justice." Another excellent group, **My Green Doctor** (mygreendoctor.org), is "a free practice management tool used in 52 countries and 34 U.S. states by hundreds of medical offices, clinics, and outpatient centers . . . to provide everything your practice needs to become environmentally sustainable."

There is also the **Medical Society Consortium on Climate and Health** (medsocietiesforclimatehealth.org), which "brings together associations representing approximately 500,000 clinical practitioners to carry three simple messages: climate change is harming Americans today; the way to slow or stop these harms is to decrease the use of fossil fuels; and these changes in energy choices will improve the quality of our air and water and bring immediate health benefits." Many of the medical societies we belong to are member societies of the consortium.

As physicians, our role in this crisis is to get involved—now. One can work with the Medical Society Consortium, as mentioned above, or work within our own medical societies to address these issues. Attend the one of the many conferences on climate change and green medicine held regularly at UCSF. Look up and join forces with the **Physicians for Social Responsibility** (psr.org), which has chapters nationwide, and locally in both San Francisco and Sacramento. One of PSR's areas of focus is to provide a strong medical voice for climate solutions, targeting specifically clean, renewable energy; fighting the practice of "fracking," a technique employed to force the extraction of oil and natural gas; and providing health leadership on climate issues.

While it is true that physicians are today busier than ever, experiencing a high rate of burnout due to the demands of the EMR and a variety of other concerns, nothing is more important to our patients' health, and to the health of the planet as a whole, than combatting the effects of man-made climate change. I would suggest that our community will find much greater satisfaction on the job by making climate health a top priority, because everything else we do is ultimately subordinate to that objective.

Physicians have always led the way, and protecting and preserving our planet for generations to come is the central issue of our time. Let us take all necessary steps to achieve that end, beginning with the healthcare industry itself.

Email: elias.williams1@gmail.com

For more information, please see "Adapting to the Effects of Climate Change in the Practice of Dermatology," co-authored by Dr. Williams: https://jamanetwork.com/journals/jamadermatology/issue/155/4.
Please also visit Dr. Williams' website at: https://eliasandwilliams.com/.

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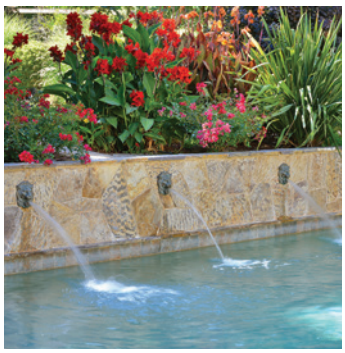

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Public Policy, Awareness, and Collective Action Keys to Russian River Health

Andy Rodgers

The Russian River watershed is an extraordinary natural phenomenon, supplying us with one of the best and cleanest naturally filtered water supplies in the United States. The watershed encompasses 1,485 square miles across Mendocino and Sonoma counties, including urban areas, forests and agricultural lands. The river itself stretches more than 100 miles from Redwood Valley in the north, to Jenner and into the Pacific Ocean at its southernmost point. Over a million and a half acre feet of water course through the watershed each year.

Public awareness of the health of the river and the land encompassing it has improved dramatically over the past three decades, with a greater understanding that people and activities in the watershed and near the river affect its well-being. Growing awareness has led to changes in behaviors and policy, thus diminishing some of the greatest historical threats to the river's health. As pressure mounts on our watershed from regional growth and a changing climate, it's more important than ever to raise awareness and increase community involvement in protecting this precious resource.

Mr. Rodgers serves as executive director of the Russian River Watershed Association.

Mitigating Threats; Healthy Economy

Many lessons have been learned over the years. While in the past some wetland areas were filled and some creeks were realigned and channelized to facilitate development, we now recognize that these areas are essential, functioning watershed features that sustain critical habitats for fish, birds, and a wide variety of other wildlife. Development in these areas is now strongly regulated and closely monitored by local, state and federal agencies, as well as many nongovernmental organizations.

The Santa Rosa-based North Coast Regional Water Quality Control Board ("water board") is one of nine such boards throughout the state responsible for protecting the multiple beneficial uses of water in the watershed. The water board has regulations and enforcement powers to address a variety of water-quality concerns including requirements for specific commercial, industrial, and agricultural land uses with potential to impact water quality, as well as public operations like wastewater treatment and stormwater management. For example, the water board reviews and conditions vineyard and subdivision developments where activities impact wetlands and streams; regulates cannabis cultivation and forest activities; issues permits and requires best-practices during construction to prevent off-site sedimentation; monitors water quality following events such as the 2017 fires and the 2019 floods; and more. Since 1967, the water board's role has been to balance, to the extent possible, all uses of our water resources.

The water board also sets water-quality standards for the watershed area and has determined the Russian River is generally warmer and has more sediment, trash, and bacteria than it should. Therefore, regulatory programs and requirements to improve these conditions are created and implemented. For example, serving once largely seasonal and recreational areas, septic tanks in river communities such as Guerneville and Monte Rio, and rural areas throughout the watershed, went largely unregulated. Today, septic systems are under far greater scrutiny to prevent water quality problems. On Aug. 14, 2019, the water board approved an action plan to reduce or eliminate discharges containing fecal waste materials from humans or domestic animals to waters of the Russian River watershed. Recognizing this is a highly complex and long-term goal, the water board and all jurisdictions involved are urgently seeking outside funding to assist property owners and local communities in achieving this goal.

A strong local economy is another chief contributor to the overall health of the regional environment and the river. During tough economic times, people in general may be more willing to forgo stewardship efforts benefiting healthy forests, wildlife habitat, and even clean air and water in exchange for the time to secure a job opportunity. Further, an individual's economic situation can unfortunately lead to homelessness, which often occurs along waterways and can impact water quality. However, as incomes

and housing opportunities rise, and unemployment drops, society seems to be more willing to invest in restoration, conservation, and preservation opportunities that address and enhance the health of our watershed.

The availability and relentless reinvention of educational programs and engagement opportunities for local communities is an important factor to improving watershed health. The Russian River Watershed Association (RRWA) is currently involved with three regional programs described below.

Russian River, Monte Rio, California. Image courtesy of rrwatershed.org.

Streets to Creeks. A watershed-wide "Streets to Creeks" multi-media campaign was recently launched to highlight the direct relationship between the quality of stormwater runoff from lands and streets to the water quality of our precious creeks, tributaries, and Russian River. Surveys have shown that much of our community is either unaware or hasn't made the connection between storm drains and creeks. Add some rainwater to a small piece of trash that has been sitting in the gutter, or the remaining fertilizer lingering in the flower beds, or the bacteria/pathogens from forgotten pet waste, and they will travel with the rainwater directly into our creeks.

The good news is that some simple changes can have a positive impact. Go to streetstocreeks.org to learn what you can do to protect your local creeks.

Safe Medicine Disposal. Studies show that pharmaceuticals in rivers and streams, if present at high enough concentrations, can harm aquatic wildlife. When unused or unwanted medicine is disposed of improperly or flushed down the toilet, concentrations of some associated chemicals can be detected in waterways. Another problem is when accumulated medications get in to the wrong hands such as children, addicts or criminals.

To address these societal and environmental concerns, the Safe Medicine Disposal Program was created locally and has been jointly operated by the RRWA, the cities of Santa Rosa and Petaluma, Sonoma Water, and Sonoma and Mendocino counties since 2007. To date, over 127,000 pounds of medications have been collected and properly disposed of through this program. Residents of Sonoma and Mendocino counties can dispose of their unused, expired, or otherwise unwanted medications free of charge at participating take-back locations in local communities from Laytonville and Fort Bragg in the north to Cotati in the south. Learn more at www.SafeMedicineDisposal.org.

Healthy Landscaping. One of RRWA's most perennially utilized and popular programs is our Russian River-friendly landscaping program, a whole-systems approach to design, construction, and maintenance of the landscape that supports the integrity of one of California's richest and most diverse ecosystems. The program provides guidelines, practices, and training for residents and landscape professionals to create and maintain beautiful, healthy landscapes while also nurturing the soil, conserving water and energy, and protecting water quality and wildlife habitat. More information is available at rrwatershed.org/project/rrflg.

Everyone's Backyard

Over 600,000 people in the North Bay depend on the clean water supplied by the Russian River watershed. Every facet of our daily lives has an effect on, or a relationship with, watershed health. We live in a beautiful but finite "terrarium," so it is not an exaggeration to say that everyone's backyard is connected to our river. Our public agencies and their elected leaders know these truths and we are all fortunate they have been collaborating regionally in this context through RRWA for over 15 years.

RRWA features a variety of educational and informational programs that highlight the expertise and best ideas from our member agencies; showcase our youth's talents through engagement; sponsor and participate in community events; partner with other local entities and organizations; develop informational resources and workshop opportunities for residents, businesses and professionals; advocate for outside funding for our regions priorities; and much more! Learn more about us at rrwatershed.org.

Someone is always downstream, so let's each remember to tread restoratively and take responsibility for our actions. This special piece of Northern California will reflect the legacy we choose to leave for our grandchildren and the generations that follow.

Email: cleanwater@rrwatershed.org

Cleaner Power: Lower Greenhouse Gas Emissions

Kate Kelly

SCMA Executive Director Wendy Young and Sonoma Clean Power CEO Geof Syphers with SCMA's SCP-branded electric vehicle, partially funded by SCP's DriveEV program.

When we "flipped the 'on' switch" for Sonoma Clean Power (SCP) in 2014, our customers immediately enjoyed the benefits of reducing their power-related greenhouse gas emissions by half vs. the energy sources offered by PG&E. Today, five years later, our mission continues to bring clean, sustainable energy to the residents of Sonoma and Mendocino counties.

Background

Sonoma Clean Power was formed in response to our community's desire for local control of our electric energy supply. Local residents and businesses wanted competitive rates from cleaner sources and new customer programs. In 2002, Assembly Bill 117 was enacted to allow cities and counties to purchase electricity on behalf of their residents and businesses as a way of promoting competition in electric generation.

In 2010, the Sonoma County Water Agency (now Sonoma Water) began exploring the formation of a Community Choice program and formed a steering committee in early 2011. Two years of research resulted in the publication of a study showing that a Community Choice program was feasible. Sonoma Clean Power starting serving customers in Sonoma County in 2014. Due to SCP's track record of competitive rates and cleaner electricity, Mendocino County also requested service provided by Sonoma Clean Power. SCP started serving Mendocino County and the cities of Fort Bragg, Point Arena, and Willits in June 2017.

Kate Kelly serves as Sonoma Clean Power's director of public relations and marketing.

SCP's mix of renewable energy sources for the default CleanStart service is 49 percent renewable, compared to PG&E's default service, which is 39 percent renewable. SCP's optional premium EverGreen service is 100 percent local and renewable—the first service of its kind in California. In the past, electric rates were set without any input from local customers. Now SCP's Board of Directors is in charge of setting rates, and this is done through a public process that gives us local control and accountability. By entering into Power Purchase Agreements (PPA) with developers, SCP helped construct 70 megawatts (MW) of new solar in central California in 2016, and 46 MW of repowered wind in the Altamont Pass in 2017. A megawatt is one million watts, and depending on several variables, is sufficient to power between 500 and 900 homes per hour. SCP also recently signed a PPA for another wind repower project in northern California for 80 MW. SCP offers a feed-in tariff that incentivizes local, renewable generation.

Local Reinvestment

In the past, over $200 million in local energy payments were sent outside Sonoma and Mendocino counties each year to pay for local electric generation. SCP helps redirect some of that money back into our local economy by contracting for local services and electricity, and by providing lower rates whenever possible. Since 2014, SCP has helped customers save tens of millions of dollars on their bills and has paid customers over $3 million for producing excess local renewable energy. This program directly helps our local energy companies by increasing the demand for these clean, renewable energy systems. SCP will continue to buy increasing amounts of electricity from local sources, helping support local jobs. We currently procure 50 MW of clean geothermal power from The Geysers in the Mayacamas Mountains, the mountain range that divides Sonoma and Napa counties. The Geysers is the world's largest single geothermal field.

SCP develops and funds local energy programs to benefit our unique customer

needs, such as our DriveEV and free electric vehicle charger programs. Because SCP customers are still eligible for almost all of PG&E's programs, SCP can focus on programs that can be targeted for our service territory.

Community Programs

SCP, PG&E and the Bay Area Air Quality Management District have joined efforts to help homeowners affected by the October 2017 firestorms rebuild energy-efficient, sustainable homes. The program is an enhancement to PG&E's long-standing California Advanced Homes Program, and offers two incentive packages tailored to Sonoma and Mendocino counties. Under this Advanced Energy Rebuild program, residents may receive up to $17,500 in incentives toward a home rebuild.

If you have rooftop solar or a wind turbine, Sonoma Clean Power will pay you for the extra energy your system generates through NetGreen, our net energy metering system. Each spring, if your generation credit balance exceeds $100, SCP will automatically send you a check for up to $5,000. Credit balances below $100 will roll over to the following month.

Do you know how much energy and water your home uses? Take charge of your usage with the DIY Energy and Water Savings Toolkit. Available at your local library, this handy kit allows you to measure how much energy and water is consumed and to make a few quick home upgrades to save money. Each toolkit comes with a copy of the Home Energy and Water Savings Guidebook, which provides tips and guidance on simple home upgrades, as well as dimmable LED lightbulbs, weather stripping, and low-flow shower heads and aerators for you to install.

Powered by innovative thinking, Sonoma Clean Power was formed to provide a choice beyond for-profit, investor-owned utilities. Today SCP is a model for community choice programs throughout California. By providing higher percentages of renewable energy that reduce greenhouse gas emissions, our customers are helping solve the climate crisis at a local level.

Email: kkelly@sonomacleanpower.org

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From left to right: Barbara Kangas, NP; Michael Yang, MD, and John Hau, MD

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BURNOUT

Theme of July Healthcare Conference

Dr. Tait Shanafelt addresses attendees at the 20th annual Healthcare Conference.

Burnout among healthcare workers is not a mental health diagnosis.

Rather, it's a symptom of a healthcare system in need of change, and one that isn't addressed enough, said Dr. Tait Shanafelt, chief wellness officer of the WellMD Center at Stanford Medicine, during his keynote presentation at *North Bay Business Journal*'s 20th annual Healthcare Conference, held July 26 at the Hyatt Regency Sonoma Wine Country in Santa Rosa. The conference was jointly presented by NBBJ, SCMA, and Western Health Advantage.

Shanafelt, a practicing hematologist/oncologist, first took an interest in burnout issues about 20 years ago as a senior resident at the University of Washington in Seattle, where he led a team of interns.

"I was just watching them react to the next admission, the way they'd talk about patients or the census of patients we were caring for, and recognized that some of their statements and the way they were talking about their work were not congruent with what I knew they stood for and the values of our profession," Shanafelt said. "And yet, it was still pretty close to what I remembered it being two years before in their shoes, and feeling that same way of just trying to survive."

As a result of his observations and empathy, Shanafelt said it was easy for him to choose a topic for his impending research rotation: studying the link between burnout in healthcare professionals and quality of care in patients.

Shanafelt subsequently spent years on this work at the Mayo Clinic in Minnesota before leaving for Stanford Medicine in 2017 after being recruited to lead its new WellMD Center.

Throughout his years of research work, Shanafelt said he's starting to see a sea change.

"Most organizations, if asked how they ensure and improve quality in their organizations, would give really simple answers like, 'We have really smart people who are highly trained professionals and provide the best quality of care,'" Shanafelt said, noting that when leading organizations started measuring quality, they realized they weren't as good as they thought they were.

"Improving quality is not about having talented people; it's about the way they work together, it's about bringing consistency, identifying gaps, bringing together teams to improve them, empowering people doing the work to improve the work, and then to track and measure institutional progress. That's how we will make gains."

During the conference, SCMA Executive Director Wendy Young announced that the California Medical Association has initiated a statewide collaborative effort that will include Shanafelt and Dr. Mickey Trockel, also from the WellMD Center at Stanford.

"Through their goals at Stanford University, they are working with CMA to create a robust physician wellness program that will be one of the cornerstones of [CMA's] membership value," Young said.

The effort will be led by Dave Logan, CEO at Wellness Physician California.

Logan also participated in the *Business Journal*'s wellness panel at the conference, along with Yasmin Bains, a medical student at Touro University; Dr. Christopher Crossland, director of Joy and Meaning in Medicine Site Director, UCSF Family and Community Medicine, Kaiser Santa Rosa; Vivian Dickson, staff RN at Sutter Hospital, Dr. Gary McLeod, president of Sutter Medical Group of the Redwoods, and Dr. James DeVore, chief medical officer, St. Joseph Health Medical Group.

—*North Bay Business Journal*; staff reports. Reprinted with permission.

SCMA President Rajesh Ranadive, MD

Interview by *Sonoma Medicine* Staff

Incoming SCMA President Rajesh Ranadive, MD, serves as Medical Director, Sonoma County, for St. Joseph Health Medical Group. A Sonoma County resident since 2003, he resides in Petaluma with his physician wife, Rajina, their two sons, and a daughter. Dr Ranadive is an internist by training and continues to practice medicine in an outpatient setting in Petaluma. He completed his BS in Biochemistry and Cell Biology from UC San Diego, received his medical degree from Ross University School of Medicine, and completed postgraduate training out of New York-Presbyterian Brooklyn Methodist Hospital.

Welcome to your new position as SCMA's president of the board. What are your first thoughts regarding the job?

First of all, we owe a great debt of thanks to outgoing President Dr. Patricia May. Under her leadership, complemented by the efforts of Executive Director Wendy Young, we saw SCMA's membership increase; the association's schedule of activities expand; focus on the critical area of physician wellness brought into high relief; and the financial health of SCMA restored.

Second, we would like to welcome into our membership fold the medical community of Sutter Health Sonoma County. Sutter's Sonoma County roots run very deep, with its first Santa Rosa hospital founded in 1867. Kaiser Permanente Medical Group and St. Joseph Health Medical Group are the other two large medical organizations serving our community that have been encouraging SCMA membership to their physicians over the years.

What are your priorities moving forward?

Physician burnout is a huge issue, both locally and nationwide, and we should be proud of the leading-edge role that both SCMA and CMA are playing in addressing it. CMA is investing millions of dollars into this initiative statewide and we here in Sonoma County want to do our part, knowing that a healthy physician population is key to a healthy community overall. We want to create a suitable environment and make available resources that our physicians can tap into comfortably and securely.

SCMA offers a wide range of physician wellness events and activities, including Discover Sonoma County outings and a new Mind-Body Resilience group that guides physicians though self-care and stress management techniques.

Recruiting younger physicians to our region is a huge challenge. While the North Bay is an enormously attractive environment, our cost of living borders on the ridiculous. What is the incentive for a young physician, burdened by a $300,000 student-loan debt, to locate to an area in which the median home price is about $700,000? We have our work cut out for us here, and need to work with public-policy advocates on initiatives such as loan forgiveness to overcome this huge obstacle to public health.

Another top priority is the Committee for Healthcare Improvement (CHI), which seeks to promote person-centered healthcare for every individual in our county. CHI is a coalition of healthcare providers and community health partners who are seeking input from local citizens to guide health initiatives and health policy.

Dr. Ranadive and his physician wife, Rajina.

Why should a physician join SCMA?

For the same reasons my wife and I joined many years ago. Today physicians are burdened more than ever before by excessive paperwork and bureaucratic insurance concerns. This leads to many being isolated, or "siloed," feeling that they are alone with these burdens. SCMA provides a multitude of opportunities for collegial time and communications. Through sharing and interacting, physicians find a unified voice to project into the public-policy debate. Membership allows them to tap into many resources, including some very powerful ones provided by CMA, to which they would not otherwise have access. SCMA is also a resource for sharing the latest in best practices, new health initiatives, and opportunities to socialize and further practice goals, whether they be for growth or retirement.

What do you do in your spare time?

We enjoy hiking in many scenic locales in the Bay Area and North Bay. Right in our backyard near Petaluma is Sugarloaf Ridge State Park, where on the top of Bald Mountain you're standing at over 2,000 feet, and the views are incredible. There are more than 25 miles of hiking trails in the park, so we can get a good workout and still be not far from home.

Another favorite hike is in Mount Tamalpais State Park, because near the top there can be spectacular views of the Bay, the East Bay, Mount Diablo and the Farallon Islands. You can bring a picnic lunch and enjoy seeing wildlife, too.

My biggest hiking accomplishment so far has been summiting Mount Whitney with my wife. Mount Whitney is the tallest mountain in the 48 contiguous states, standing at 14,508 feet. The fact that I barely trained for this feat, and that summiting was not in the cards, made this achievement that much more challenging and significant.

Spending quality time with our kids is my number one priority. We are very involved with our kids' extracurricular activities. I enjoy travelling with my kids for their sports and tournaments. My oldest son fences both at national and international levels. He has represented our country on multiple occasions on the international stage. Now my second son has picked up go-kart racing as a sport, and currently races at Sonoma Raceway. He's expected to start travelling soon, and I am looking forward to accompanying him. My daughter, who is only nine, is still trying to figure out her sport.

What do you like most about living and practicing medicine in Sonoma County?

My wife and I used to be city people—first in Los Angeles and then in New York City. But both of us had the goal to eventually practice in a small town. When nearing completion of my residency in New York, one day I got a call from a recruiter about a job opportunity in Petaluma. We really didn't know what to expect, but decided to give it a shot.

So we came out here for an interview. Being city people at heart, my wife and I decided to have a night out on the town as soon as we arrived. We headed out to dinner at 8:30 p.m., eagerly anticipating what kind of restaurant we might experience in our potential new town. Well, almost 20 years ago in Petaluma, at 8:30 at night, you didn't find much open in the way of fine dining. My wife and I still laugh about it, because our first dinner out in our new town was at a Taco Bell!

And that is what we love about this area. The North Bay in general and Petaluma in particular have a unique charm. While large swaths of the South and East Bay areas have been largely developed and paved over, here in Sonoma County there is still plenty of open space. People are friendly, courteous, and as we saw after the fires two years ago, a tremendous sense of community has been cultivated and retained in this region. Petalumans opened up their houses and wallets to help the victims of wildfire.

Our out-of-town visitors always remark on the abundance of natural beauty here in Sonoma County. We feel lucky to both practice medicine and live in such an extraordinary environment.

Email: Rajesh.Ranadive@stjoe.org

Welcome NEW SCMA MEMBERS!

Yasmin Bains, MS, OMSIV, *DO Candidate, Touro University California*

Pratibha Burli, MD, Obstetrics & Gynecology*, Karnatak Univ 2017

Christopher Clevenger, MD, Orthopaedic Surgery*, Dartmouth Med Sch 1993

Shelleen Denno, MD, Internal Medicine, Ross Univ 1990

Guy Guillon, MD, Psychiatry, Univ Texas 1986

Matthew Karp, MD, Emergency Medicine*, UC Davis 2011

Lynne Love, MD, Child & Adolescent Psychiatry, Univ San Francisco 2001

Susan Milam Miller, MD, Child & Adolescent Psychiatry*, Albert Einstein Coll Med 2001

Celeste Philip, MD, Public Health & General Preventive Medicine, Loma Linda Univ 2003

Brian Prystowsky, MD, Pediatrics*, Univ New Jersey 2006

Negar Sadr, MD, Obstetrics & Gynecology*, Virginia Med Sch 2003

Eye Care Institute (ECI)

Arwa Alsamarae, MD, Ophthalmology, *Glaucoma,* Wayne State Univ 2014

Avni Shah, MD, Ophthalmology, *Glaucoma,* New Jersey Med Sch 2013

Northern California Medical Associates (NCMA)

I-Tsyr Shaw, MD, Endocrinology, Diabetes & Metabolism*, Univ Toledo 2007

Isha Shrestha, MD, Endocrinology, Diabetes & Metabolism, Peking Univ 2009

Estrelania Williams, MD, Obstetrics & Gynecology, Icahn Sch Med 2015

Redwood Radiology Group, Inc. (RRGI)

Stephanie McCann, MD, Diagnostic Radiology, Univ Chicago 2012

Alexander Page, MD, Interventional Radiology, Univ Southern California 2013

San Francisco VA Medical Center-Santa Rosa Clinic (SFVAMC)

Waseem Ahmed, MD, Internal Medicine, Univ Karachi 1994

Anu Mani, MD, Internal Medicine, Miraj Med Coll

Olga Marat, MD, Internal Medicine, Univ Massachusetts 2004

Mandeep Nagra, MD, Internal Medicine, Guru Nanak Dev Univ 1987

Rajasree Pai, MD, Med Coll Trivandrum 2004

Raghesh Kangath, MD, Internal Medicine, Univ Kerala 2003

Juan Rubero, MD, Internal Medicine, Univ Central Del Caribbean 2000

Sutter Medical Group of the Redwoods (SMGR)

Navneet Attri, MD, Internal Medicine, Punjab Univ 2000

Sutter, Santa Rosa Family Medicine Residency

Lucia Agudelo, MD, Latin American Med Sch

Stephanie Bamidele, MD, UC Riverside Med Sch

Desiree Carmen, MD, Texas Tech Univ

Julissa Lopez, MD, UC Davis

Alec Ludwig, DO, Michigan State Univ

Sophie MacArthur, MD, Univ Washington

Vanessa Pinto, DO, Western Univ

Aurora Robledo, MD, Dartmouth Med Sch

Gabrielle Steinberg, MD, Univ Massachusetts

Tiffani Stickland, MD, Wayne State Univ

Cherriese Thompson, MD, Univ Maryland

Devin Walsh-Felz, MD, Univ Wisconsin

The Permanente Medical Group (TPMG)

Mary Ashby-Ahern, MD, Obstetrics & Gynecology, Univ Florida 2015

Jeffrey Baumgardner, MD, Gastroenterology, Mount Sinai Sch Med 2009

Michael Caton, MD, Psychiatry*, UC San Diego 2014

Emmanuel De Jesus, MD, Internal Medicine, Univ Hawaii 2015

Peter Hawkins, MD, Radiation Oncology, Univ San Diego 2014

Ngan Lai, MD, Internal Medicine*, Univ Wisconsin 2014

Tara McLeer, MD, Family Medicine*, Virginia Univ 1999

Suellen Stevens, MD, Psychaitry*, Univ Louisville 1989

Allen Wong, MD, Family Medicine*, Univ Hawaii 2013

Grace Wu, MD, Hospice & Palliative Medicine, New York Med Coll 2013

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Christopher Deuel, MD, Family Medicine, Univ Texas 2013

Matthew Karp, MD, Emergency Medicine*, UC Davis 2011

San Francisco VA Medical Center-Clearlake & Ukiah Clinic (SFVAMC)

Teresa Cheng, MD, Internal Medicine, SUNY Stony Brook 1989

Htin Kyaw, MD, Geriatric Medicine

Linda Mulligan, MD, Internal Medicine*, Univ Kansas 1993

Elizabeth Westphal, MD, Internal Medicine, Eastern Virginia Med Sch 1998

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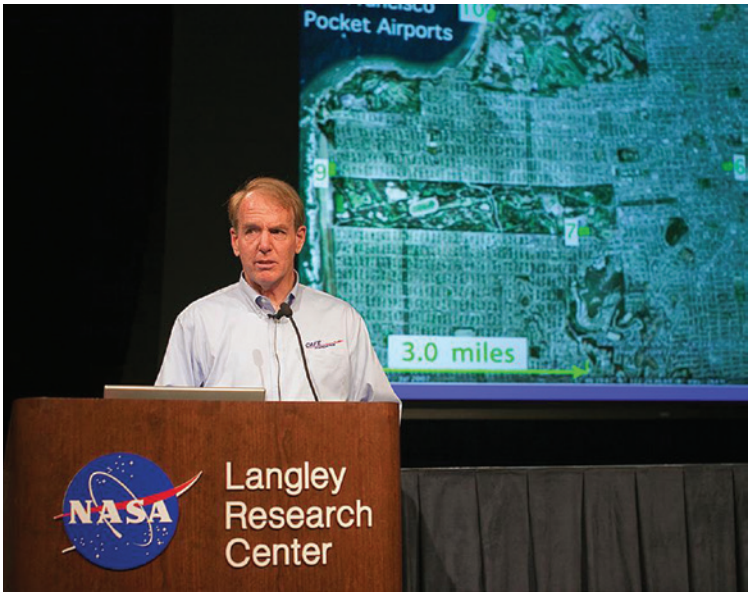
Dr. Brien Seeley Leads Sustainable Aviation Movement



Dr. Brien Seeley addresses sustainable aviation at the NASA Langley Research Center, Hampton, VA. 2010 photo.

Longtime SCMA member and *Sonoma Medicine* editorial board contributor Dr. Brien Seeley has led two concurrent 40-year careers. One is as a full-time eye surgeon and medical leader in Sonoma County. The other is as an aircraft builder, pilot, and pioneering leader of aviation technology. Dr. Seeley has a long history of remarkable achievements. After graduating from UC Berkeley, he obtained his MD degree from UCSF in just three years. In 1973, while a medical student, he designed and hand-built his own 70-mph, street-licensed electric car and drove it to the hospital each day as an intern.

During his residency in eye surgery at UCSF, he devoted his two-week vacation to earning his pilot's license, and this began a lifelong passion for aviation. He studied aeronautical engineering and helped build two experimental homebuilt aircraft. He founded the CAFE Foundation in 1981 to host the CAFE 400 flight efficiency prize competitions. These became annual technology prize competitions. At CAFE Dr. Seeley presided over 34 years of successful aviation research. In 2003, he founded the Personal Aircraft Design Academy (PADA), an annual gathering of prominent aeronautical designers at Oshkosh AirVenture, and he serves each year as its organizer. He is a senior member of the American Institute of Aeronautics and Astronautics (AIAA).

In May 2007, Dr. Seeley conceived and organized the first-ever Electric Aircraft Symposium in San Francisco, going on to serve as its annual program chair for nine years. That same year, he designed and wrote the competition rules for the first ever NASA Centennial Challenge for aeronautics. In 2011, he designed and chaired the NASA Green Flight Challenge sponsored by Google, which remains the largest prize ever given for aviation.

In 2015, Dr. Seeley founded the Sustainable Aviation Foundation (SAF) to advance technologies and innovations pertinent to environmentally friendly, electrically powered aircraft and help bring forth their implementation into safe, quiet, useful aircraft that can benefit the public, the environment and the transportation system. He authored the seminal 2015 AIAA paper that conceived Regional Sky Transit as a future transportation system. In 2016, Dr. Seeley devoted his program chairing efforts to the first annual Sustainable Aviation Symposium, which convened a globally renowned faculty focused on the future of quiet, electrically powered aircraft.

The Sustainable Aviation Foundation (SAF) is an all-volunteer, non-profit, 501c3 organization dedicated to improving human life through advances in aviation. Its goal is to focus on the application of electric aviation at a meaningful scale to help solve these pressing problems of our age:

- Climate change and climate-related disasters.
- Surface gridlock and the attendant losses of human happiness and productivity.
- The need for sane and humane urban planning for billions of humans.

SAF believes this mandate is underserved by existing initiatives, and that by bringing together experts and practitioners from a wide array of disciplines we can collectively advance Urban Air Mobility (UAM) as a sustainable and practical mass-transit solution.

SAF's activities towards these goals include the following:

VTOL (vertical takeoff and landing) sustainable aviation image courtesy of Pipistrel, AXS.

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• Programming and hosting the Sustainable Aviation Symposium, a yearly conference attracting enthusiasts, academics, and industry members from around the world to discuss the latest developments in e-Flight and related developments.

• Consulting and thought-leadership on UAM and e-Flight initiatives to public and private groups, including policymakers, elected officials and media.

• Hosting and sponsoring e-Flight news coverage through our online journal SustainableSkies.org.

• Outreach and development of student and educational partners to grow the future of e-Flight in multi-disciplinary university programs.

The University of California, Berkeley, Institute for Transportation Studies (ITS) hosted the 2019 Sustainable Aviation Symposium (SAS) from Oct. 7–8. Dr. Jasenka Rakas from UC Berkeley and Dr. Seeley co-chaired the program.

SAS 2019 was focused on safe, quiet, electric aviation solutions to the most pressing problems of our age: climate change, urban surface gridlock, and the need for integrated community and urban planning to enable high proximity aviation at meaningful scale. This year's symposium convened thought leaders to answer these core questions:

• Which systems will win a dominant share of the market and why?

• How will "urban air vehicles" be made "airline-safe" and autonomous?

• What new technologies are needed to converge to optimize the UAM system?

• How will airparks affect wildlands, ground transit and communities large and small?

• How will UAM freight and passengers make last-mile connections?

• How will the air traffic of UAM be managed?

• What roles will urban air vehicles have in emerging economies or natural disasters?

As electric aviation attracts growing investment, and more students majoring in aerospace enter this space, answers to the questions above are crucial. ■

—sustainableaviation.org; sasymposium.com. Reprinted with permission.

Sonoma County Health Officer Celeste Philip, MD, MPH

Sonoma County Health Services; *Sonoma Medicine* Staff

Last April Dr. Celeste Philip, MD, MPH, began serving as Sonoma County's Health Officer after the Board of Supervisors appointed her following an extensive nationwide search. Dr. Philip comes to the county after a successful career serving as the state of Florida's Surgeon General and Secretary of Health for almost three years—managing a staff of over 13,000 with a $3 billion budget.

"The county is fortunate to have a former state Health Secretary and Surgeon General of Dr. Philip's caliber and experience to serve as health officer. We look forward to her leadership in helping the county navigate its public health efforts going forward," said Sonoma County Board of Supervisors Chair David Rabbitt.

Prior to her role as Health Secretary and Surgeon General for Florida, Dr. Philip served in various leadership positions within the Florida Department of Health, totaling over 10 years.

The County Health Officer is responsible for the protection and promotion of the public's health for all in Sonoma County. She will also oversee the work of the DHS Public Health Division located at 625 Fifth Street in downtown Santa Rosa as well as work with other departments, community partners, and other counties to improve health on both a programmatic and a policy level.

As Florida's chief health official, Dr. Philip had a prominent role in shaping the state's response to the Zika virus in 2016 and successfully limited mosquito-borne transmission of the virus in south Florida. Last year, the CDC reported zero local mosquito-borne transmitted cases of Zika virus in Florida compared to 218 cases in 2016.

She also managed the state's public health and medical efforts during hurricanes Hermine (2016), Matthew (2016), Irma (2017), Nate (2017), and Michael (2018), and has extensive experience serving in public health leadership roles during emergency response efforts.

While Surgeon General of Florida, Dr. Philip advocated the state legislature to streamline the state's HIV funding to support vital HIV prevention strategies, which was passed by lawmakers unanimously. As a result, all county health departments in Florida began providing pre-exposure prophylaxis (PrEP) by the end of 2018.

A graduate of Howard University, Dr. Philip earned a Master of Public Health in maternal and child health and a Doctor of Medicine from Loma Linda University in California.

Dr. Philip recently sat down with *Sonoma Medicine* to discuss her new position.

What are your goals in your new position, and what unique challenges do you see regarding public health in Sonoma County?

With the recent increase in natural disasters, emerging health threats such as Zika virus and vaping associated lung injuries (VAPI), the concepts of preparedness, response, and resiliency resound with most people. Building this capacity within our county and within our

department and healthcare partners is a priority for me. The possibility of public safety power shut-offs or de-energization events require much planning and discussion with all of these partners to prepare our residents and patients. Issues such as distrust of government and science are also at forefront of our work. As vaccine-preventable diseases such as measles resurface, we are partnering with community physicians to increase our efforts to improve vaccination rates.

You have a distinguished career in public health. What attracted you to public health over private medical practice?

When I was in college I had a supervisor with "MPH" after her name. I asked her what those letters meant and became fascinated with the concept of public health, of taking care of communities as a whole, and focusing on preventing disease and keeping people healthy and active. I was convinced this was my calling and I began seeking public health experiences while an undergrad, including building latrines in the Dominican Republic one summer. I was fortunate to participate in a two-year applied epidemiology fellowship (EIS) at the Centers for Disease Control and Prevention (CDC). During this time I worked on nutrition projects in the Philippines, the Dominican Republic and Niger; contributed to data analyses that informed Healthy People 2010 objectives as well as the infamous obesity maps; and being a part of this program assured me public health and preventive medicine was my calling.

If you could convey just one health-related message to the citizens of Sonoma County, what would that be?

Zip code is more predictive of health than genetic code. Where we live, learn, earn and play—which is often generational—supports or challenges one's ability to be healthy. Where one lives influences levels of stress, a sense of connectedness, as well as the ability to eat healthfully and be active.

What is the attraction of working in California vs. Florida?

I attended medical and public health school at Loma Linda University in San Bernardino County and have family that still live in SoCal. After 10 years of public health in Florida, which culminated with the opportunity to serve as the state health officer, I wanted to experience public health in another state with a different system. Florida's public health system is centralized with county health departments and the state office comprising the statewide department. California has a decentralized model where each county functions independently from each other and the state department of public health. I'm learning a lot each day and especially appreciate that I can walk down the street to the office or to my yoga studio.

What do you enjoy as after-hours activities?

I enjoy yoga, hiking, and cycling. I love beach time and being outdoors. I went hot-air ballooning for the first time in Windsor a few weeks ago with a close friend who visited me from Florida. We snapped some beautiful sunrise shots of vineyards and mountains, which was a wonderful way to start the day!

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Document Your Home Rebuilding Process

David Berry

Be concerned about your fire rebuild. I, too, lost my home in the wildfire. My rebuild will be done toward the end of 2019. We have had a good rebuilding process, and I hope you are having a similar experience. My excitement is tempered by an uncomfortable truth that experience has taught me: I cannot know how well our home is being built. Even though it looks great, there may be errors that will not emerge for years. Even if your rebuild is going well, you should be cautious. You do not want a huge construction-defect problem. Unfortunately, you cannot ensure that one is not coming. The best you can do is prepare.

Who am I, and why should you take my advice? I have been a lawyer for 23 years. For the past 18 years, a substantial part of my practice has been suing architects and builders who built defective homes and commercial buildings. Almost always, clients call when something is already amiss. Often I wish I could have talked to them earlier, so I could warn about pitfalls and provide advice that will make pursuing their claims easier. I look at this article as fulfilling that wish. I hope you have no construction defects. If you do, you will be well served to heed the following advice. As a worrisome aside, fixing broken homes—at an extreme—can cost more than initial construction. Rarely are fixes inexpensive. Dealing with a defectively built home can cause high levels of stress, which is just what you don't need.

Mr. Berry is an attorney with the law firm Berry & Fritzinger, P.C. and a consulting legal partner for SCMA.

Your dream rebuild can become a serious problem. It seems like every contractor who ever built a home in Sonoma County is now building 10, 20, or 100 homes. I cringe. Some contractors are great; some are not. With so much construction going on, there is a shortage of excellent subcontractors and employees. It seems certain that some homes currently being rebuilt will have defects. Some of those will be substantial. It could be my home, or yours.

During construction, save your documents and take photographs. Keep a box of your construction documents, including your contract, any change orders, proof of payment, emails, etc. Take pictures along the way to document your progress. This will serve two purposes. First, it will document what was there. Second, it will help jog your memory later, if there is dispute. The documents and pictures will enable you to reconstruct history.

Once you move in, be proactive. If you see a crack that looks out-of-place, water spots that look like leaks, or something in the house that does not look "right," do something about it. What you do depends on what you see. Cracks in sheetrock can mean that a house is settling. Some settling is normal. I've seen a house that suffered huge cracks in walls, floor tiles, and even window panes. The problem started with a few cracks. It ended with the floors so slanted that a ball placed on them rolled downhill. If you see something possibly amiss, then track and photograph it. If it seems like it might be a problem, call an expert to look at it. Do not delay.

You have no more than three years, from the date you discovered (or should have discovered) a defective condition in your home, to file a lawsuit. That is called the "delayed discovery rule." In addition to that three-year limit, you have 10 years to file a lawsuit, if at all, from the date of "substantial completion." It sounds confusing because it is. Once you see a problem, be proactive. If you fail to file a lawsuit in time, then you cannot hold whoever caused the damage responsible

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for fixing your broken home. In that case, you will have to fund the repair.

Be nice and understanding. It may make sense to call the contractor to resolve a problem. There are some contractors in town who for years fixed any problem with homes they built, even if the warranty and law did not require that they do so. If you have a problem, it might make sense to go that route. If you go that route, make sure to document the problem and how they fixed it. I have seen some bad fixes through the years. Take pictures.

The contractor may refuse to respond to your call or may refuse to do a fix. Understand why. Often contractors cannot afford to make big fixes. In that instance, they will look to insurance to pay a claim. If they do so, the contractor may not want to talk to you, for fear they will say something what will upset their insurance carrier. Do not immediately assume the contractor is bad if they ignore you. If a contractor agrees to do any fix, do not sign any document that limits your ability to later sue. If you consider having the contractor do a fix, call a lawyer to help document the repair.

Call a lawyer. I write this with hesitation, as I am not here to urge you to call me. However, construction defect litigation is complicated. There are many pitfalls. For instance, you may have a defect that does not cause "resultant damage" (e.g., damage to another part of the house). You may have an error where the only damage is to the contractor's own work. In both cases, the damage may not be covered by insurance. Spending a fortune pursuing such a claim is not advisable. I often tell folks with a claim worth $70,000 or less not to sue, given the cost of such lawsuits. You want good, early advice.

As we watch our rebuilt houses reemerge, we hope a better home and more peaceful life await. Do not let the desire to "move on" lull you into not watching vigilantly to ensure you are getting what you paid for in your rebuilt home.

Email: david@berryfritzlaw.com

SCMA members are entitled to a free initial consultation with Mr. Berry. He can be reached at 707-800-0550, or at the email address above.

Latino Health Forum Celebrates 27 Years

Enrique Gonzalez-Mendez, MD, with *Sonoma Medicine* Staff

On Nov. 21, the Latino Health Forum entered its twenty-seventh year of operation with a gathering focused on Climate Change and Latinx Health. Dr. Enrique Gonzalez-Mendez is justifiably proud of the group's progress. "As we near our third decade, the forum has become instrumental in bringing this community closer together," he told *Sonoma Medicine*. "We uniquely address Latino culture and the health issues that affect this part of our population," he says. The forum is organized by the Santa Rosa Family Medicine Residency, in partnership with Sutter, St. Joseph Health, Kaiser, Santa Rosa Junior College, Sonoma State University and the Sonoma County Department of Health Services.

The annual event brings together over 300 attendees from health, human services, education, as well as community leaders, scholars, political leaders and students, to address the unique healthcare needs of the area's Latino population.

"To best serve Latinos, it is important to understand their culture, access, and traditional health issues, as well as the social determinants of health. We know that a person's genetic code has an important impact on a person's health. But a person's zip code can also provide clues to their particular health challenges," Dr. Gonzalez said.

Dr. Gonzalez-Mendez, a family medicine physician with Alexander Valley Healthcare, is chair of the Latino Health Forum Board.

"For example, Santa Rosa's Roseland neighborhood has less access to healthy foods, such as fruits and vegetables, than more affluent areas. There are more alcohol and tobacco stores than grocery stores in much of this area. The combined effects of these various social factors can to a lower life expectancy. Also, many Latinos work in low-paying occupations and may have occupational exposures, such as pesticides that can be a factor in poor health outcomes and reduced life expectancy."

The number of years of schooling is also a key social determinant of health, according to Dr. Gonzalez. Put simply, the more schooling, the better the health outcomes. "A person who finishes school at a young age and then begins a life of manual labor can, in general, expect a lower life expectancy than one who attends college and then has a higher paying job," he said.

Dr. Gonzalez points out a dichotomy with the Latino immigrant population. "The diet of rural Mexicans is generally better than that of Latinos who have been in this country for an extended period. The reason? In rural Mexico, they tend to eat less, and they walk everywhere. Latinos who move to the United States actually experience poorer health over time: they have access to cars or public transportation, and they may opt for less healthy food choices than in their native Mexico," he notes.

"A person's social network is also very important to his or her health. A key question to ask is: if you were to have surgery, how many people could you call to help? American culture tends to be more isolated. In general, with smaller families, there are fewer people to call, and sometimes for cultural reasons a reluctance to make the call at all. By contrast, with Latinos, the extended family network can provide a more ample support system in times of need. And that contributes to greater longevity."

Dr. Gonzalez points to further cultural differences between the United States and Mexico. "In American culture, the norm is that once children are grown, they move out of the home and often out of the area entirely. Parents are isolated and they die younger. Not so in Latino culture, where grandparents are key. The expectation is that grandparents will help raise their grandchildren while the parents are at work. Thus seniors tend to live longer

in Latino cultures. As a consequence, nursing homes are less common in Mexico than in the United States. And having grandparents watch their grandchildren has the added benefit of eliminating the cost of daycare or a babysitter," he smiles.

The forum is a political force as much as it is one focused on health. "Forum leaders inform politicians and community leaders about the impact of policies that impact health such as more parks in low-income neighborhoods and reducing the number of liquor stores in favor of healthier alternatives. We also are working with law enforcement to reduce gang activity. We have had keynote speakers reinforcing the fact that keeping our communities safe will by definition allow people in these communities to live longer, healthier lives," he said.

Dr. Gonzalez emphasized that outreach to young people is a primary focus. The forum invites attendees from Santa Rosa Junior College, Sonoma State University, and local high schools, who receive scholarships to attend.

This enables a greater number of minority students to be exposed, often for the first time, to the idea of working in the medical or human services field. "Hundreds of students attend, and thousands have attended over the years," he said. In 2019, SCMA again served as a sponsor for the forum, making additional seats available to pre-med students from Windsor High School.

"At the forum, immigrant students are surrounded by professionals who talk to them about the medical field. It can be a real eye-opener for these students. This experience opens a window to a wider world beyond that of a low income job being one's sole future. The medical professionals counseling these students become role models for them, enlarging the possibilities for a career path that is meaningful and fulfilling," he added.

Speakers also come from the state and national levels. Scholars attend, including in the recent past a physician/speaker from Johns Hopkins School of Medicine. That physician discussed the policies developing in Washington, D.C., and how political developments at the national level can affect the health field locally.

Dr. Gonzalez told *Sonoma Medicine* that great progress has been made in providing care to underserved communities. But there is still more to do.

"Policies to provide better access and expanded community health centers are needed to serve greater numbers of people. Without them, more patients will end up visit emergency rooms instead, which raises healthcare costs for everyone. And that is something all of us want to avoid," he said.

For more information, please visit latinohealthforum.org.

Email: egonzalezmendez1@icloud.com

LEGISLATIVE UPDATE

People with Asthma Score Funding in State Budget

In a big win for Californians with poorly controlled asthma, the recently adopted state budget allocates $15 million to support asthma prevention and environmental remediation services. The one-time funding will support local health departments improve health outcomes and reduce healthcare costs by preventing more expensive ER visits and hospitalizations.

The budget victory was led by Regional Asthma Management and Prevention (RAMP), a project of PHI, in collaboration with the California Pan Ethnic Health Network, Children Now, legislative champion Senator Melissa Hurtado, and a wide range of partners in the field.

Even with this win in place, there's more to do. Short-term, RAMP and our partners will work with the California Department of Health Care Services to help shape the implementation of the funding. Additionally, RAMP will continue to push for inclusion of asthma home visiting services as a covered benefit within Medi-Cal, California's Medicaid program. In fact, RAMP continues to co-sponsor SB 207, which would do just that.

SB 207 has garnered a long list of supporters. If you'd like to add your voice to the process, here's how you can help. To sign on to this group letter on behalf of your organization, please email your organization's name and logo to RAMP's Associate Director, Joel Ervice, at joel@rampasthma.org. To support the policies as an individual, please email joel@rampasthma.org directly so he can assist you.

The bill's two other cosponsors had this to say:

"California's low-income and communities of color are more likely to have asthma and to be hospitalized or to visit the emergency room for preventable asthma related conditions. SB 207 provides families with the tools they need in a language they understand to manage their conditions so they can work and stay healthy. It will reduce health care costs and result in healthier communities."

—Sarah de Guia, Executive Director, California Pan-Ethnic Health Network (CPEHN)

"Asthma is the most common chronic disease afflicting kids, affecting roughly 1.2 million of California's children. It is a leading factor for children missing school, and when it's not managed effectively, kids can end up in the emergency room, which takes a toll on children and their families, and is costly for the state. Almost in fact, nearly 90 percent of all pediatric asthma emergency department visits are by children in Medi-Cal. This legislation makes strong investments in preventive care and asthma education for kids in Medi-Cal so kids can have better outcomes and more efficient care."

—Ted Lempert, President, Children Now

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Well Physician California Announces New Executive Leadership Team

Well Physician California announced its new executive leadership team, including Dave Logan, PhD, as Chief Executive Officer and Emily Coriale, PharmD, as the company's Chief Operating Officer.

Well Physician California is a joint effort from the California Medical Association and Stanford University to target physician wellness and reduce burnout and attrition from the profession. Well Physician California aims to be the most comprehensive program in the country to increase physician wellness and ultimately improve the quality of care for patients.

In a recent study, nearly 44 percent of U.S. doctors reported one or more symptom of burnout, depression, or both. One in five doctors reported they'll reduce clinical hours over the next two years, while one in 50 said they plan to quit medicine for a different career. Physicians are at 50 – 300 percent increased risk for death by suicide compared to professionals in other fields. Physician burnout is costing the nation's hospitals and health systems $1.7 billion per year, according to the National Taskforce for Humanity in Healthcare.

"We are seeing an alarming increase in burnout rates in our profession," said David H. Aizuss, MD, president of the California Medical Association. "Dave and Emily have the skills and experience to help oversee the creation and implementation of a program that will help doctors and patients address the growing demands and pressures physicians face."

Before joining WPCA, Logan served as Chief Transformation and Innovation Officer for P3 Health Partners, a population health management organization, focused on improving patient outcomes through value-based care. He was the co-founder and Senior Partner of CultureSync, a management consulting firm that creates high performance through an alignment of strategy, structure, systems and culture and has been on the faculty at the University of Southern California since 1996, teaching in the Executive MBA, Executive Master of Leadership, and Master of Medical Management programs. He holds a PhD in organizational communication from the Annenberg School at USC.

Dave Logan, CEO, and Emily Coriale, COO, of CMA's Well Physician California.

"My lifelong work has been physician leadership and physician empowerment," said Logan. "It is humbling to step into a role that could make such a great difference in the lives of physicians and the patients that they serve."

Coriale joins WPCA from MediQualite, where she served as Senior Vice President of Patient Access for the U.S. She previously held executive leadership roles for Medicare for both Humana and Blue Shield of California, where she led the delivery of annual growth strategies, medical and administrative expense targets, and margin targets. She previously was the Director of Pharmacy for the San Francisco City/County Health Plan and practiced as a Pediatric Oncology and Hematology Pharmacist at Massachusetts General Hospital. She holds a Doctor of Pharmacy from Northeastern University in Boston.

"Improving the physician experience is instrumental to the sustainability and viability of healthcare," said Coriale. "It is an honor to join the team that puts the physician at the center of their own care, helping them to maximize their personal health and well-being. This increases patient satisfaction, and results in healthier patients."

For more information, go to https://www.cmadocs.org/wellness.

—California Medical Association

19th Annual

physician appreciation MIXER

FULTON CROSSING

Dr. Grace Zhang relaxing with her husband, Quan Chau.

Fulton Crossing Gallery provided a colorful setting for SCMA's Physician Appreciation Mixer on May 29. The annual gathering was hosted by SCMA President Patricia May, MD, and SCMA Executive Director Wendy Young, who welcomed attendees and thanked Kaiser Permanente for sponsoring the event. Both expressed gratitude for physicians' service to medicine and community.

Dr. May introduced CMA trustee Jack Chou, MD, FAACP, who traveled from Los Angeles for the occasion. She explained that the traditional passing of the gavel to the incoming SCMA president will occur at the Awards Gala Dinner on Jan. 24, 2020. Dr. May went on to say, "SCMA is a thriving organization, as evidenced by the attendance this evening. Leading this organization has truly been a rewarding experience."

SCMA members and their guests enjoyed an exceptional selection of champagne and wines donated and poured by four local wineries. A delicious assortment of appetizers served throughout the evening included an oyster bar, which was a favorite stop for many attendees.

At the Fulton Crossing artisan center, 23 studios and two warehouses offer guests an opportunity to stroll through gallery showrooms filled with multimedia paintings, sculpture, furniture and crafts. Many of the studios were open and artists were actively creating their next masterpiece while guests looked on. Eki Shola provided live jazz sounds to entertain the physicians while they explored the galleries and networked with colleagues.

SCMA business partners, CMA, Fulton Crossing artists and the hosting wineries donated a wide range of wonderful gifts and prizes for a raffle drawing, giving multiple attendees a treasure to remember the evening by.

Sonoma County Health Officer Dr. Celeste Philip.

Dr. Ron Zaharoff with his wife, Sue.

Karen Clark and Dr. David Cusino.

Jeff Scharfen with his wife, Dr. Cindy Scharfen.

Eki Shola performs original "chill-out" jazz for guests.

Dr. Eric Culbertson.

Dr. Yong Liu with friend, Kristen Armstrong.

Dr. Brien Seeley with his wife, Anne.

Transcendence Theatre Company's Nadina Reyes and Teresa Emery.

Pam Drexler and Dr. Patricia May with Dr. Brad Drexler.

Kristen Armstrong, Dr. James LeMesurier and his wife, Jeannie.

Drs. Joe and Lisa Tito, Dr. Lela Emad, her son Zobek Popin, and Dr. Jeff Sugarman.

Right: Dr. Jackie Senter.

Right: CMA trustee Dr. Jack Chou.

Dr. Tara Bartlett.

Dr. Tim Regan, Dr. Brad Drexler and Lisa Sugarman.

Dr. Courtney King and her husband, Ryan Korb, win raffle prize painting.

Dr. Tom Schlesinger.

Executive Director Wendy Young serves as emcee.

Dr. Jeff Sugarman with Matt Duffy of Vaughn Duffy Wines.

2019 SCMA president Dr. Patricia May addresses guests.

SCMA members, friends, staff, partners and sponsors gather for a group photo.

OPEN CLINICAL TRIALS IN SONOMA COUNTY

Sonoma Medicine lists open clinical trials in Sonoma County to increase awareness of local medical research and to benefit physicians who may wish to refer patients. This list includes research groups that both responded to our request for information and are conducting open trials. The clinical trials at other research groups are only open to their own patients.

Each listing includes the group's name and address, along with the phone number and email address of the appropriate contact person. As the list is subject to change, contact the individual research groups for the latest information.

If you know of other local open trials, contact SCMA at 707-525-4375 so the information can be listed in the next issue. This section is provided as a free service by *Sonoma Medicine,* and we rely upon voluntary input from the medical community in order to provide it. ■

NORTH BAY EYE ASSOCIATES

104 Lynch Creek Way #12, Petaluma
Contact: Angela Reynolds
707-769-2240
research@northbayeye.com

Glaucoma

Glaukos

- iDose Intraocular Travaprost Implant for patients with Ocular Hypertension or Open Angle Glaucoma, Phakic or Pseudo patients on 2 or fewer glaucoma medications. Visual acuity of 20/80 or better. IOP 22- 36 mmHg, Pachymetry between 480 and 620 microns. Visual Field Defect required for OAG patients, no steroids permitted.

Allergan

- SLT Bimatoprost Sustained Release, biodegradable implants for patients with Ocular Hypertension or Open Angle Glaucoma that are non-compliant with their glaucoma medications and are suitable candidates for SLT. Washout of current medications is required. No use of steroids, Pachymetry between 480 and 620 microns. IOP 22-34mmHg.

Santen 5

- EP2 receptor agonist with non-prostaglandin structure for non-responders to Latanoprost. Ocular Hypertension or Primary Open Angle Glaucoma patients, washout of current medications is required. No steroid use or history of SLT, ALT, MIGS, PK, PRK or Lasik. Visual Acuity 20/80 or better, IOP off meds 22-34mmHg and Pachymetry 480-600 microns.

Symbio

- Brinzolamide Ophthalmic Solution vs. Azopt for Primary Open Angle Glaucoma or Ocular Hypertension patients. No PEX or PIG, normal tension, angle closure or MIGS. No systemic steroid or high salicylate therapy within one month of first visit. Washout is required. Pachymetry less than 620 microns. IOP 22-34mmHg.

Cataracts

Insite

- Post Op drops for patients scheduled for cataract surgery. Washout of antihistamines, NSAIDS and steroids is required prior to surgery. No glaucoma drops. Visual Acuity 20/200 or better in fellow eye.

Oculis

- Post Op drops for cataract surgery. Patients with less than or equal to 2 glaucoma medications, must washout of steroids, NSAIDS and other pain relievers, topical or systemic. Visual Acuity 20/400 pinhole in operative eye and 20/200 in fellow eye. IOP 5-22mmHg prior to surgery.

Blepharitis

Insite

- Patients with active blepharitis symptoms (irritation, redness, swelling and debris) and have not yet been started on treatment. Candidates with moderate to severe dry eye are not suitable and no steroid use within 14 days. IOP 8-22mmHg in either eye.

ST. JOSEPH HERITAGE HEALTH

3555 Round Barn Circle, Santa Rosa
Contact: Kim Young: 707-521-3814
kimberly.young@stjoe.org

Acute leukemia

- A novel immune modifier with pembrolizumab after hypomethylating chemotherapy.

Bladder cancer

- Chemotherapy versus combination checkpoint inhibitor therapy in metastatic bladder cancer.
- Durvalumab with or without tremelimumab in locally-advanced and metastatic bladder cancer.
- Avelumab and an interleukin-12/antibody conjugate in recurrent/metastatic bladder cancer.

Breast cancer

- Adjuvant aspirin versus placebo after chemo in node positive or high-risk node negative patients.
- A breast cancer vaccine after adjuvant chemotherapy in high-risk, triple negative breast cancer.
- BriaVax vaccine with a checkpoint inhibitor and epacadostat for patients with metastatic breast cancer.
- Fulvestrant with or without venetoclax in metastatic disease after progression on a CDK4/6 inhibitor.
- Capecitabine with or without an oral taxane in ER+/HER2- metastatic breast cancer.
- A novel immune modifier with pembrolizumab in patients with relapsed metastatic breast cancer.
- Post-operative study of genetic risk factors in lymphedema (UCSF).

- A weight loss intervention in overweight women with stage 2 or 3 breast cancer.

Colon cancer

- A trial of a novel drug to prevent oxaliplatin-induced neuropathy in patients with metastatic disease.
- Fruquintinib as third line treatment for metastatic colorectal cancer.
- A novel immune modifier with pembrolizumab for relapsed metastatic colon cancer.

Head and neck cancer

- Pre-operative neoadjuvant pembrolizumab in resectable head and neck cancer.

Kidney cancer

- Cabozantinib with or without a glutaminase inhibitor in relapsed renal cell carcinoma.

Lung cancer

- Pre-operative chemotherapy with or without pembrolizumab for resectable stage IIB/IIIA disease.
- Doublet chemotherapy/radiotherapy and pembrolizumab for unresectable stage 3 lung cancer.
- Maintenance immunotherapy in limited stage small cell lung cancer.
- A novel immune modifier with pembrolizumab for relapsed small cell lung cancer.
- A MET inhibitor for lung cancer patients whose tumors contain MET mutations.
- Osimertinib vs. placebo as maintenance after chemoradiation for EGFR-mutated stage 3 disease.
- Osimertinib with or without a CDK4/6 inhibitor in metastatic lung cancer containing an EGFR mutation.
- Osimertinib plus a MET inhibitor in patients whose tumors harbor both EGFR and MET mutations.
- Platinum/pemetrexed with or without pembrolizumab in EGFR-mutated, TKI-resistant, metastatic dz.
- An umbrella trial of various treatments for patients with EGFR mutations who relapse after osimertinib.

Lymphoma

- A novel PI3K inhibitor in patients with relapsed follicular, marginal zone or mantle cell lymphoma.

Myelodysplasia

- Roxadustat for patients with transfusion-requiring low grade myelodysplasia.

Pancreas

- FOLFOX chemotherapy plus interleukin-10 as second line treatment for metastatic disease.

Prostate cancer

- Rucaparib in patients with HRD-positive metastatic castration-resistant prostate cancer.

Solid tumors

- A novel checkpoint inhibitor as first line therapy in multiple tumor types.
- Tomivosertib (a MNK1/MNK2 inhibitor) plus a checkpoint inhibitor for patients who relapse after an initial response, or are refractory to checkpoint inhibitors as single agents.

Stomach cancer

- Maintenance therapy with a PARP inhibitor after chemotherapy for unresectable/metastatic disease.

SYNEXUS RESEARCH

4720 Hoen Ave., Santa Rosa
Contact: Vicki Lynch
707-542-1469
victoria.lynch@synexus-us.com

Psoriasis

- Phase 3 study for adults with moderate to severe plaque psoriasis, diagnosed for at least 6 months. BMS-986165 compared to placebo and apremilast.

Diabetic gastroparesis

- Phase 3 study in adults with diabetes who suffer from nausea, abdominal pain, postprandial fullness, bloating, vomiting and early satiety along with delayed gastric emptying.

Fibromyalgia

- Phase 2 study in males and females who meet the 2010 American College of Rheumatology criteria for fibromyalgia.

Diabetic peripheral neuropathy

- Phase 2 study in adults with Type 2 diabetes; HbA1c <11% with pain in extremities symmetrical in nature.

Atopic dermatitis

- Phase 3 in teens ages 12-18 with moderate to severe atopic dermatitis.

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SCMA Business Partners

SCMA's **BUSINESS PARTNER PROGRAM** adds a valuable benefit for SCMA members. The program is dedicated to offering products and services designed to support the business and personal needs of practicing physicians. Physicians benefit from discounts and referrals to quality services, and partners benefit from ongoing visibility with the medical community. **Exclusive, Endorsed** and **Partner** levels are available to qualified companies.

The **SUPPORTING PARTNER PROGRAM** offers local businesses an opportunity to affiliate with SCMA. Our supporting partners are recognized as advocates of the medical profession and the contributions made by physicians to the well-being of our community.

Complete listing details are available for all partner organizations on the SCMA website. The programs are open continuously for new annual memberships beginning on the date of approval. Download the application and brochure at **www.scma.org** or contact Susan Gumucio at **707-525-0102** or **susan@scma.org.**

EXCLUSIVE BUSINESS PARTNER

HOMEBOUND

HOME REBUILDING SERVICES

Homebound is a full-service homebuilder, with an experienced team dedicated to helping property owners rebuild. The team handles all aspects of the rebuilding process including navigating insurance, lot preparation, architecture, design, construction, and warranty. Homebound's dedicated project concierge is there to guide you through the process, saving you time and helping you get home sooner. The Homebound Team has built thousands of homes collectively in California, and is working with dozens of clients in Sonoma and Napa counties.

BENEFIT: Exclusively for SCMA members, Homebound offers Informational Events and Curated Dinners; Initial Home Recovery Consultation (1-hour +/- meeting to discuss insurance, design, construction, and concierge services to make your rebuilding an enjoyable experience from beginning to move-in); and Move-In Service.

CONTACT US at **rebuild@homebound.com** or call our Homeowner Support team at **707-244-1011**. Please indicate you are an SCMA member.

BUSINESS PARTNERS

BF Berry & Fritzinger

David Berry, ATTORNEY

LEGAL SERVICES

Berry & Fritzinger, P.C. I am an experienced local lawyer dedicated to helping people navigate the legal process, whether it is negotiating provider or other contracts, assisting clients buy/sell practices, negotiating leases, or resolving a variety of business and personal disputes. My firm provides a broad range of services that include estate planning; a significant part of my practice is representing building owners with construction defects and other problems. I am committed to helping the medical community, with deeply held gratitude for the local medical providers who saved my wife's life.

BENEFIT: A free initial consultation for SCMA members. If retaining my firm or me makes sense, we will discuss how to do so. If a lawyer outside of my firm is a better fit, I will make the referral. My goal is for physicians to leave the consultation feeling that they received excellent support and service.

Contact me at 707-800-0550 or david@berryfritzlaw.com.

COOPERATIVE OF AMERICAN PHYSICIANS

INSURANCE SERVICES

The Cooperative of American Physicians, Inc. is pleased to support Sonoma County physicians with superior medical malpractice coverage and valuable services to help you prosper and maintain your independence. Our comprehensive risk management programs help ensure your patients are safe and satisfied, while our value-added practice management benefits provide you with the administrative support you need to focus on what's most important—patient care. For more information, please visit **www.CAPphysicians.com** or call **800-356-5672**.

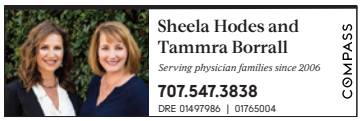
BUSINESS PARTNERS

BANKING SERVICES

Since 1890, **Exchange Bank** has been serving the local community through trusted banking, financial services and charitable giving. Exchange Bank differs from national and regional banks by focusing 100% of its charitable giving on the community it serves. In 2017, Exchange Bank and its employees contributed over $665,000 to the community. 50.44% of the Bank's cash dividends go to the Doyle Trust, which funds the Doyle Scholarship at Santa Rosa Junior College. Since 1948, the Doyle Scholarship Fund has provided $83 million to over 127,000 students.

BENEFIT: Exchange Bank has designed special checking benefits and discounted residential and auto loans exclusively for SCMA members. Our staff is available to review these programs and benefits with you—contact our Customer Care Center at **707-524-3000** or visit a local branch. Please indicate you are an SCMA member when you call; have your membership ID number available. **www.exchangebank.com.**

In addition, Exchange Bank has developed five Community Rebuild Loan Programs that offer flexible lending options to those who experienced a direct property loss during the North Bay fires. Our local, experienced lending consultants are available to discuss which program works best for your needs. Contact us at **communityrebuild@exchangebank.com** *or call Kevin Smart, VP, Residential Mortgage Manager at* ***707-541-1252.***



REAL ESTATE SERVICES

Sheela Hodes & Tammra Borrall/Compass: Business partners since 2007, we have consistently ranked in the top 1% of realtors in the county. Our priority remains quality over quantity; we have built a team of professionals who provide personalized service focused on individual clients. Over the past 11 years we have served the medical community in Sonoma County, helping more than 50 local physician families buy and sell property—and build connections in the community.

BENEFIT: SCMA buyers package: Professional services including home design consultation and comprehensive 1-year home warranty (up to $1,000 value). SCMA sellers package: Professional services to prepare home for sale, including staging, landscaping and trade consultations/services (up to $1,500 value). Contact us at **707-547-3838** or **Team@SonomaWineCountryHomes.com**.

REAL ESTATE SERVICES

Sudha Schlesinger/Compass: Since moving to Sonoma County with my physician husband in 2007, I have been actively representing physician families in the local housing market. My savvy and experienced team at Compass repeatedly exceeds expectations with customized marketing and purchase strategies; efficient execution; tough negotiating skills; and state-of-the-art marketing tools. Sellers receive consultations for home/landscape staging and buyers enjoy tours of housing, inventory and analysis of neighborhood, amenities and schools available.

BENEFIT: SCMA buyers receive an exclusive $1,000 voucher toward closing fees. SCMA sellers also receive a free Pest Inspection, $1,000 toward staging costs, and if selling lot only—a complimentary estimate of value. Please let me know how we can help you in this challenging post-firestorm market. **707-889-7778** or **sudha@sschlesinger.com. www.winecountryluxuryhomes.com.**

SUPPORTING PARTNERS

Russell Van Sistine, Financial Advisor

FINANCIAL SERVICES

With consistent use of an established process, **Russell Van Sistine, financial advisor**, and partner Amy Stang, branch office administrator, help clients navigate often complex financial affairs. This is done with care and close attention to details. Mr. Van Sistine and Ms. Stang work diligently to ensure a thoughtful, well-rounded and informative experience. Call to schedule a complimentary financial health check-up. See **www.edwardjones.com** and search for Financial Advisor Russell Van Sistine. Contact Russell directly at **707-542-7071** or **Russell.VanSistine@edwardjones.com.**

SPONSORED INSURANCE PROGRAMS

SCMA/CMA work with **Mercer Health & Benefits Insurance Services LLC** as the broker and plan administrator for sponsored insurance programs, offering best-in-class plans to protect you, your practice, and your family. SCMA/CMA also work with Mercer and the insurance carriers to design and implement insurance plans that meet the coverage needs of physician members. Help support the practice of medicine by purchasing your insurance through Sonoma County Medical Association/CMA. Visit **www.CountyCMAMemberInsurance.com** or contact Mercer Client Advisor at **800-842-3761** and **CMACounty.Insurance.service@mercer.com**.

Physicians' BULLETIN BOARD

IN THE NEWS

- **Mary Szecsey, Chief Executive Officer of West County Health Centers f**or the past 25 years, will retire as CEO effective March 9, 2020. West County Health Centers Board of Directors is pleased to announce their decision to appoint Dr. Jason Cunningham as the new CEO. Dr. Cunningham, who has worked as a physician with West County Health Centers since 2004 and served as chief medical officer since 2009, has been a leading force along with Ms. Szecsey in the organization's growth and successful development for the past 10 years.

  During Ms. Szecsey's tenure, the organization grew from two medical clinics in Guerneville and Occidental to a network of seven facilities throughout the area providing medical, behavioral health, and dental services to more than 12,500 patients, one in four of the 50,000 residents residing in rural West County.

- **Eye Care Institute** welcomes two new physicians to its Santa Rosa practice. See more details about ECI physicians and services at **www.see-eci-com.**

Arwa Alsamarae, MD, attended the University of Michigan in Ann Arbor and Wayne State University's School of Medicine in Detroit. Her residency training in ophthalmology was completed at Henry Ford Hospital in Detroit, and her fellowship training in glaucoma and complex anterior segment surgery was completed at the Moran Eye Center in Salt Lake City. She offers expertise in both traditional glaucoma surgeries (trabeculectomies, glaucoma drainage devices) and more novel MIGS (minimally invasive glaucoma surgeries). In addition to the medical and surgical management of glaucoma, her professional interests include cataract surgery and comprehensive ophthalmology.

Avni Shah, MD, grew up in New Jersey and attended Rutgers New Jersey Medical School. Her internship was at Scripps Mercy Hospital in San Diego, and her ophthalmology residency was at the University of Colorado in Denver. She completed a glaucoma fellowship at Tufts Medical Center and a second fellowship in global ophthalmology at the University of Utah, where she spent a year performing and teaching cataract and glaucoma surgery in underserved countries. Dr. Shah is a comprehensive ophthalmologist and specialist in medical and surgical glaucoma care.

To post an item on the Bulletin Board, contact Rachel at 707-525-4375 or rachel@scma.org.

- **NCMA Endocrinology and Diabetes Center** in Santa Rosa is happy to announce an expansion of services that began in the fall. In addition to practice director **Yuichiro Nakai, MD,** two additional endocrinologists have recently joined the team at NCMA.

Isha Shrestha, MD, completed her endocrinology fellowship at Chicago Medical School in summer 2019. Prior to that, she completed residency training at Loyola Medicine in Berwyn, Illinois. She is board certified by the American Board of Internal Medicine (ABIM) in internal medicine.

I-Tsyr Shaw, MD, a board certified endocrinologist, relocated from her successful practice in Ohio. She completed an endocrinology, diabetes & metabolism fellowship at Ohio State University in 2013. Dr. Shaw had her residency in internal medicine at Mayo Clinic in Rochester, Minnesota.

NCMA Endocrinology and Diabetes Center is located at 1701 Fourth Street, 707-578-7530. Learn more about services and educational offerings by visiting **www.ncmahealth.com/ncma-services/endocrinology/.**

SERVICES AND PROGRAMS

- **Hearts of Sonoma County,** a countywide initiative working to reduce heart attacks and stroke as a leading cause of death and disability, has received national attention for sustained progress as a community health collaborative. The July 11, 2019, issue of the Center for Disease Control and Prevention (CDC) *Preventing Chronic Disease* Journal features an article highlighting key factors contributing to Hearts of Sonoma County's ongoing sustainability and successes to date, including:

  - The foundation and longevity of Health Action as a unique, cross-sector countywide coalition that gave rise to Hearts of Sonoma County;
  - Ongoing collaboration across clinical organizations around implementing Kaiser Permanente's PHASE initiative (Preventing Heart Attacks and Strokes Everyday) to improve care and management of patients at higher risk for cardiac events;
  - The "It's Up To Us" community outreach and media campaign;
  - Community health workers from multiple partner organizations providing community blood pressure screenings and linking at-risk people to medical care across Sonoma County.

This recognition stems from the ongoing efforts of individual and organizational SCMA members to improve the care you provide every day. Thank you for your continued partnership and stewardship of Hearts of Sonoma County, the Committee for Healthcare Improvement, and Health Action. **www.cdc.gov/pcd/issues/2019/18_0596.htm.**

Physicians' BULLETIN BOARD

- The **Health Insurance Counseling & Advocacy Program** (**HICAP**) is a non-profit organization that provides **free and unbiased information to help Medicare beneficiaries** understand Medicare coverage; identify cost-effective prescription drug plans; and compare supplemental insurance and Medicare Advantage plans. HICAP does not endorse or sell insurance.

  Contact HICAP at 800-434-0222 or **hicapinfo@sasnb.org** to arrange for a personalized 1-on-1 appointment or an educational seminar for your group. HICAP is the only agency authorized by the California Department of Aging for Medicare counseling. **www.sasnb.org/HICAP.**

HICAP Health Insurance Counseling & Advocacy Program
Free Service to Medicare Beneficiaries

CLASSIFIED

- **For sale: Internal medicine practice in Northern California Wine Country. Concierge medical practice** with annual revenue averaging $600,00, seeing 8–10 patients per day. Seller's net income is near the 90-percentile for IM. Long established in the area, moved to newly renovated 1,440 sq. ft. location in 2015; great proximity to hospital. EMR in place. Photos and third-party appraisal available. Offered at only $497,000. Contact Medical Practices USA for more information: **Info@MedicalPracticesUSA.com** or **925-820-6758**.

SCMA & MLCMS 2019–20 Calendar of Activities

NOVEMBER 2019
19: SCMA/MSSC Board meeting
20: Committee for Healthcare Improvement meeting

DECEMBER
6: Health Action Committee meeting
11: MOMs 2.0 (Medical Office Managers/Professionals) meeting
15: Committee for Healthcare Improvement meeting
17: SCMA Executive Committee meeting

JANUARY 2020
1: New Year's Day hike—Physician Wellness event
4: Women in Medicine—champagne social
14: Editorial Board meeting
21: SCMA/MSSC Board meeting

24: **SCMA AWARDS GALA**
Santa Rosa Golf & Country Club
(See invitation on page 16.)

FEBRUARY
25: Lunch & Learn—Medicare Changes: 2020 and Beyond!
SCMA Executive Committee meeting

MARCH
10: SCMA/MSSC Board meeting
18: Committee for Healthcare Improvement meeting
30: National Doctors' Day
TBD: Large Group Leadership dinner

APRIL
14: CMA Legislative Day—Sacramento
28: SCMA Executive Committee meeting

MAY
12: SCMA/MSSC Board meeting
20: Committee for Healthcare Improvement meeting
26: Editorial Board meeting
TBD: SCMA Physician Appreciation Mixer

For updates, see *News Briefs*, delivered to your Inbox monthly!

2020 SCMA PHYSICIAN DIRECTORY | PUBLISHING SPRING 2020

Jan. 17 deadline to update your individual physician listing and photo. Contact Rachel at **707-525-4375** or **rachel@scma.org**.

Cover photo: We'd like to feature a bright California bloom by an SCMA member again. Send your images or links to online albums to **susan@scma.org** by Dec. 31.

Advertising opportunities are now available in this widely-seen annual guide, which will be distributed to local physicians and 5,000+ Sonoma County households. Contact Susan at **707-525-0102** or **susan@scma.org** for details.

"Broadway Under the Stars" performance in the winery ruins at Jack London State Historic Park. Right: Dr. Sandra Barrow, Transcendence Co-Executive Director Stephan Stubbins, and SCMA volunteer physician Dr. Andrew Barrow in SCMA's first-aid tent.

SCMA Teams with Theatre Company for Successful Summer Season

SCMA partnered with Sonoma's Transcendence Theatre Company for the first time this past summer to provide a physician-staffed first-aid tent at all 22 of the company's "Broadway Under the Stars" performances, including *A Chorus Line, A Fantastical Family Night, Those Dancin' Feet,* and the company's end-of-summer gala celebration.

Theatre company manager and operations coordinator Madeline Spencer told *Sonoma Medicine* that, "it was an absolute pleasure to have the SCMA doctors volunteer their time at Transcendence Theatre Company for the 2019 'Broadway Under the Stars' concerts. In exchange for their time and expertise, SCMA's physicians received jam-packed evenings of entertainment, including complimentary dinners and top-notch seating at our Jack London State Historic Park venue."

"The doctors in attendance were genuinely helpful," she continued, "from dispensing Band-Aids to audience members, to assisting our artists backstage when performers needed immediate medical attention during intermission. It was remarkably beneficial to have a physician at almost every show of the summer: having SCMA doctors present provided much-needed comfort to all of our patrons and staff. Our strong partnership with SCMA is a wonderful sign of great things to come, as both of our organizations serve to improve health and well-being throughout Sonoma County. Thank you, SCMA, for making this summer the best ever," Spencer said.

The Transcendence Theatre Company produces award-winning concerts in the majestic ruins of Jack London State Historic Park, as well as in various other locations throughout the Sonoma Valley and the greater Bay Area. In addition to playing a valuable role in saving Jack London State Historic Park from closure in 2012, its impact goes beyond the stage to countless and ongoing outreach projects with youth, seniors, the disabled, and those living in underprivileged conditions.

SCMA Executive Director Wendy Young commented that, "We were very pleased to initiate this program with Transcendence, as it extends our community outreach by making our physicians available to an expanding circle of diverse groups, while at the same time providing our member physicians with a fun and rewarding night out at our own local versions of top-tier Broadway shows. We look forward to repeating this experience next year and for many years to come."

A 501(c)3 nonprofit regional theatre company, Transcendence was recently named by *USA Today 10 Best* as the number-two "Best Outdoor Concert Venue You Shouldn't Miss" in the U.S. It also garnered the *BroadwayWorld San Francisco*'s "Theater of the Year" award in both 2013 and 2014. The Transcendence company of actors comprises musical theatre artists with Broadway and national and international tour, film, and major television credits.

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CALIFORNIA MEDICAL ASSOCIATION

SONOMA COUNTY MEDICAL ASSOCIATION

MENDOCINO-LAKE COUNTY MEDICAL SOCIETY

2019 HOUSE OF DELEGATES

2019 HOD delegates in session. SCMA attendees included SCMA Executive Director Wendy Young and Drs. Brad Drexler, Catherine Gutfreund, Richard Powers, Rajesh Ranadive, and Peter Sybert.

CMA Tackles 21st Century Healthcare Dilemmas

The California Medical Association (CMA) recently convened its 148th annual House of Delegates (HOD) meeting in Anaheim. Over 500 California physicians debated and outlined a policy agenda on major issues that have been determined to be the most important issues affecting members, the association and the practice of medicine.

The association also installed its new officers, including new CMA President Peter N. Bretan, Jr., M.D., a urologist and transplant surgeon who gave up his Bay Area practice to serve patients at a safety net hospital in Watsonville.

The major issues the delegates focused on this year were:

- **Augmented Intelligence (A.I.):** The delegates explored pragmatic solutions that address medical decision-making, new liabilities and privacy concerns inherent with augmented and artificial intelligence in health care, with a focus on keeping physicians at the center of health care delivery.
- **Homelessness:** Physicians witness the homelessness crisis in emergency rooms, clinics and on the streets of our communities. The delegates declared that stable and affordable housing is an essential community priority and an important social determinant of health. They also discussed evidence-based solutions that address the health care and social needs of those at risk of or experiencing homelessness.
- **Cannabis:** The delegates weighed in on pressing issues, including health impacts associated with cannabis use, public health protections, federal legalization, data and surveillance efforts, high-quality research, marketing and advertising practices, cannabis equity programs and more.
- **Adverse Childhood Experiences (ACE):** Recognizing that ACEs have a strong and life-long correlation to numerous health, social and behavioral problems, the delegates learned more about data collection, research and incorporating ACE screening practices into routine care.

The final actions of the House of Delegates, including newly established policies, are now posted at cmadocs.org/hod.

CMA Chief Executive Officer Dustin Corcoran and Dr. Brad Drexler.

Front row (from left): District X delegates Drs. Brad Drexler, James Cotter (AMA Representative), Rajesh Ranadive, and Richard Powers.

Elections

Watsonville Urologist and Transplant Surgeon Installed as CMA President

Peter N. Bretan, Jr., M.D., a urologist and kidney transplant surgeon who gave up his Bay Area practice to serve patients at a safety net hospital in Watsonville., was elected as the 152nd president of the California Medical Association. Dr. Bretan is the first Filipino-American physician to serve as president.

"The most important goal, not just in this year of my presidency, but always, is to take back our profession by enabling physicians to lead the struggle to protect, expand and make universal access to health care for all of our patients in California," said Dr. Bretan. "If we are successful in this state, it will lead the way for sustainable universal health care for all of America."

Dr. Bretan is the founder and CEO of LifePlant International, a charitable organization that furnishes lifesaving transplants in developing countries, for which he was recognized by the American Medical Association with the Benjamin Rush Award for Citizenship and Community Service. Dr. Bretan has also provided care around the world on medical missions.

"I grew up as a child farm laborer, and I know what it is to be without adequate health care. My greatest motivation is in service to give back to society for my good fortune," said Dr. Bretan.

After years of practice in Marin and Sonoma counties, Dr. Bretan now provides urologic and laparoscopic surgical care at a safety net hospital in Santa Cruz County. Most of his patients speak no English and have no medical insurance.

"My presidency will be dedicated to giving these patients, and the millions of hard-working Californians like them, a voice," said Dr. Bretan. "We have an incredible opportunity to boldly change the way health care is delivered. We know that to best serve patients, health care must be physician-led."

Dr. Bretan has served as a CMA trustee and delegate, and is a three-time county medical society president. He is the current president of the California Urological Association and serves as an adjunct clinical professor at Touro University, where he has taught classes in health care policy for the past 16 years.

Dr. Peter Bretan

Dr. Bretan earned his B.S. degree in physiology from UC Berkeley and his medical degree from UC San Francisco, where he completed residencies in general surgery and urology, as well as a fellowship in radiology. He also completed a fellowship at The Cleveland Clinic Foundation in transplantation and renovascular surgery. Dr. Bretan is a member of the San Francisco Marin Medical Society and the Mendocino-Lake County Medical Society.

Sacramento Pain Specialist Named CMA President-Elect

Sacramento pain specialist Lee T. Snook, Jr., M.D., was named president-elect of CMA. He will serve on the Executive Committee as president-elect for one year. Dr. Snook will be installed as president following next year's House of Delegates.

The full 2019-2020 CMA Executive Committee includes:

- President: Peter N. Bretan, Jr., M.D., Watsonville
- President-Elect: Lee T. Snook, Jr., M.D., Sacramento
- Chair of the Board: Robert E. Wailes, M.D., Oceanside/Encinitas
- Vice-Chair of the Board: Shannon L. Udovic-Constant, M.D., San Francisco
- Speaker of the House: Tanya W. Spirtos, M.D., Redwood City
- Vice-Speaker of the House: Jack Chou, M.D., Baldwin Park
- Immediate Past President: David H. Aizuss, M.D., Los Angeles

2019 HOUSE OF DELEGATES *Presidential Gala*

Drs. James Cotter (AMA Representative), Rajesh Ranadive, Rajina Ranadive and Brad Drexler.

Center (from left): Aly Young, Dr. Peter Bretan, and Wendy Young.

Save the Date!

Next year's Presidential Gala will take place Saturday, Oct. 24, 2020, at the JW Marriott, Los Angeles, L.A. Live.

Staying Involved

Already have ideas for next year's House of Delegates or want to continue the fight to support CMA? Even though HOD might be over, there are plenty of ways to stay involved and dedicated to CMA.

Grassroots Action Center

CMA boasts some of the best advocates and lawyers in the capital—but YOU are the most powerful advocate. As someone who serves on the front lines of health care delivery, elected officials and policymakers need to hear your voice to make informed policy, legislation and regulations. Visit cmadocs.org/grassroots to see how you can get involved.

Submit a Resolution

CMA is proud of its resolutions process because it preserves the value of each member's perspectives and experiences, and empowers physicians to shape the ever-changing health care landscape and ensure that CMA is speaking with its members' voices in its advocacy.

From internal governance to ambitious statewide advocacy, every policy is crafted, reviewed and approved by the dedicated team of physician leaders that make up CMA's organizational structure. Visit cmadocs.org/resolutions to submit a resolution.

Nominate Yourself or a Colleague

Members of CMA councils and subcommittees play crucial roles in shaping health care policy. You can find out more about available opportunities and awards at cmadocs.org/nominations.

SCMA and MLCMS now seeking delegates for 2020 HOD

Get involved and support your colleagues! SCMA has six openings on the HOD and MLCMS has two openings. The HOD has only two in-person meetings and two online GoToMeeting sessions per year—can you help?

For more information about HOD and other leadership positions, contact Executive Director Wendy Young at 707-525-4141 or exec@scma.org.

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In Memoriam

JOHN DERVIN, MD

John V. Dervin, MD, died peacefully Aug. 28 while surrounded by family and close friends in his Sebastopol home.

Born April 10, 1942, in San Francisco, he attended Saint Agnes Grammar School, Saint Ignatius College Prep, and the University of San Francisco, where he served as Student Body President. He attended Saint Louis University Medical School where he received his medical degree in 1967. John interned at Los Angeles County Hospital where he met Patricia Quilter, and the two married in 1968. He completed his General Practice Residency at Community Hospital of Sonoma County in 1970, where he served as a Chief Resident.

In 1970 John joined the United States Navy, where he served at Naval Hospital Jacksonville, Florida. While there, he founded the Navy's first Family Medicine Residency, and was appointed its first Residency Director. After completion of his tour of duty, John and wife Patricia returned to Santa Rosa, where John held a Fellowship in Family and Community Medicine sponsored by UCSF. He was later appointed as Clinical Professor at UCSF, a position he held until his 2018 retirement.

John practiced family medicine in Santa Rosa from 1972 to 2018. In 1972 he assumed the new role as Associate Director of the Family Practice Residency at Community Hospital. He continued to teach Family Medicine Residents at Community Hospital and Sutter Santa Rosa Hospital until retirement. John started the Family Nurse Practitioner/Family Practice Resident Educational Project at Community Hospital. He was a founding member of the Sutter Medical Group of the Redwoods and served as its first President from 1991 until 2000.

Among the many awards he received during his professional career were the California Academy of Family Physicians Foundation Award for Educational Excellence 1997; the Sutter Pacific Medical Foundation Lifetime Contribution Award for Residency Teaching 2010; and the Sonoma County Medical Association Lifetime Achievement Award in 2012.

—The Press Democrat

ALAN HUNSTOCK, MD

Alan Hunstock, MD, passed away peacefully in August at age 69, surrounded by his loving wife and daughters at his home in Granite Bay.

Born in 1950 in Eugene, Oregon, he attended North Eugene High School and Oregon State University. He was then accepted to the University of Oregon Medical School, where he graduated with honors with an MD-MS degree in 1976.

In 1976 he married Patricia Gage, and was accepted into a medical internship and general surgery residency at UCLA. He then traveled to London for training at the National Hospital for Neurosurgery, Queen Square, and the University of London. He then returned to UCLA and completed his Neurosurgery Residency in 1984.

Alan practiced for three years in Utah before moving his family to Santa Rosa, where he practiced until retiring in 2015. He was an accomplished neurosurgeon and had many accomplishments, including serving on the clinical staff at UCSF in neurosurgery, teaching medical students; acceptance to the Western Neurosurgical Society; and serving as President of the California Association of Neurological Surgeons.

He was a member of the CMA, SCMA, Congress of Neurological Surgeons, American Association of Neurological Surgeons, and the American College of Surgeons. At Santa Rosa Memorial Hospital, he was the Chairman of the Section of Neurological Surgery and the Medical Director of the Neuro-trauma Program Level II Trauma Center. He belonged to the Alpha Omega Alpha Honor Society, Phi Kappa Phi Honor Society, and the Phi Eta Sigma National Honor Society.

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